

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31046

Entity Name: FELLOWES, INC.**Current Principal Place of Business:**1789 NORWOOD AVE.
ITASCA, IL 60143**Current Mailing Address:**1789 NORWOOD AVE.
ITASCA, IL 60143 US**FEI Number:** 36-0770670**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name POWERS, PATRICK A.
Address 1789 NORWOOD AVE.
City-State-Zip: ITASCA IL 60143

Title PRESIDENT
Name FELLOWES, JOHN E.
Address 1789 NORWOOD AVE.
City-State-Zip: ITASCA IL 60143

Title DIRECTOR
Name KOCH, JOSEPH T.
Address 1789 NORWOOD AVE.
City-State-Zip: ITASCA IL 60143

Title DIRECTOR
Name FELLOWES, PETER A.
Address 1789 NORWOOD AVE.
City-State-Zip: ITASCA IL 60143

Title DIRECTOR
Name FELLOWES, MARY C.
Address 1789 NORWOOD AVE.
City-State-Zip: ITASCA IL 60143

Title DIRECTOR
Name FELLOWES, JOHN E.
Address 1789 NORWOOD AVE.
City-State-Zip: ITASCA IL 60143

Title DIRECTOR
Name FELLOWES, JAMES E.
Address 1789 NORWOOD AVE.
City-State-Zip: ITASCA IL 60143

Title CEO
Name FELLOWES, JOHN E.
Address 1789 NORWOOD AVE.
City-State-Zip: ITASCA IL 60143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN E. FELLOWES

CEO

03/01/2023

Electronic Signature of Signing Officer/Director Detail

Date