

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # 806013

1. Entity Name
SENSIENT COLORS INC.



Principal Place of Business
**777 E. WISCONSIN AVE
MILWAUKEE, WI 53202-5304**

Mailing Address
**777 E. WISCONSIN AVE
MILWAUKEE, WI 53202-5304**



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number
39-0561070

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------|
| TITLE | P |
| NAME | BRADLEY, PETER G |
| STREET ADDRESS | 2526 BALDWIN ST |
| CITY - ST - ZIP | SAINT LOUIS, MO 631061903 |
| TITLE | VT |
| NAME | ROLFS, STEVEN J |
| STREET ADDRESS | 777 EAST WISCONSIN AVENUE |
| CITY - ST - ZIP | MILWAUKEE, WI 53202 |
| TITLE | SD |
| NAME | MAKAL, JEFFREY T |
| STREET ADDRESS | 777 EAST WISCONSIN AVE |
| CITY - ST - ZIP | MILWAUKEE, WI 532025304 |
| TITLE | V |
| NAME | HAMMOND, JOHN |
| STREET ADDRESS | 777 E. WISCONSIN AVE. |
| CITY - ST - ZIP | MILWAUKEE, WI 532025304 |
| TITLE | |
| NAME | See Attached Schedule |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Stephen J Rolfs**

03/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #