

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 850566	
1. Entity Name SENSIENT TECHNOLOGIES CORPORATION	
Principal Place of Business 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202-3804	Mailing Address 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202-3804



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-0561070	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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, 2004 Fee will be \$550.00**

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

**U000000140868
04/29/04-80180-007 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MANNING, KENNETH P 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 532023804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOBBS, RICHARD F 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 532023804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CARNEY, RICHARD 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 532023804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HAMMOND, JOHN L 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 532023804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CC ROLFS, STEPHEN J 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 532023804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

(414) 271-6755
Daytime Phone #