


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

| | |
|--|---|
| 4. FEI Number 39-0561070 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

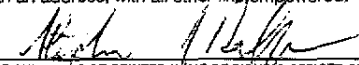
10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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05/05/05-80033-020 150.00

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:  **Stephen J Rolfs**
VP, Controller & CAO 4/26/05 (414) 271-6755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #