


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 850566</b> 1. Entity Name <b>SENSIENT TECHNOLOGIES CORPORATION</b>	
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Principal Place of Business <b>777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202-3804</b>	Mailing Address <b>777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202-3804</b>
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04202006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>39-0561070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000562700</b> <b>05/19/06-80065-023 150.00</b>
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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	

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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 **VP, Controller & CAO** **4/19/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #