

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003593

FILED
Apr 21, 2009
Secretary of State

Entity Name: MCCORMICK & COMPANY, INCORPORATED

Current Principal Place of Business:

18 LOVETON CIRCLE
SPARKS, MD 21152

New Principal Place of Business:

Current Mailing Address:

18 LOVETON CIRCLE
SPARKS, MD 21152

New Mailing Address:

FEI Number: 52-0408290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORP SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: LAWLESS, ROBERT J
Address: 18 LOVETON CIRCLE
City-St-Zip: SPARKS, MD 21152

Title: V () Delete
Name: CONTINO, FRANCIS A
Address: 18 LOVETON CIRCLE
City-St-Zip: SPARKS, MD 21152

Title: VS () Delete
Name: SKELTON, ROBERT N
Address: 18 LOVETON CIRCLE
City-St-Zip: SPARKS, MD 21152

Title: VT () Delete
Name: BEARD, PAUL C
Address: 18 LOVETON CIRCLE
City-St-Zip: SPARKS, MD 21152

Title: V () Delete
Name: NOLAN, PAUL B
Address: 18 LOVETON CIRCLE
City-St-Zip: SPARKS, MD 21152

Title: D () Delete
Name: BRADY, JAMES T
Address: 18 LOVETON CIRCLE
City-St-Zip: SPARKS, MD 21152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: WILSON, ALAN D
Address: 18 LOVETON CIRCLE
City-St-Zip: SPARKS, MD 21152

Title: V (X) Change () Addition
Name: STETZ, GORDON M JR
Address: 18 LOVETON CIRCLE
City-St-Zip: SPARKS, MD 21152

Title: VS (X) Change () Addition
Name: CARPENTER, W. GEOFFREY
Address: 18 LOVETON CIRCLE
City-St-Zip: SPARKS, MD 21152

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL B NOLAN

_____ Electronic Signature of Signing Officer or Director

V

04/21/2009

_____ Date