

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005467

**Entity Name:** AEARO TECHNOLOGIES LLC**Current Principal Place of Business:**5457 W 79TH ST  
INDIANAPOLIS, IN 46268**Current Mailing Address:**3M CENTER  
BLDG 220-9E-0  
ST PAUL, MN 55144-1001 US**FEI Number:** 13-3840356**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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

**Authorized Person(s) Detail :**

Title PRESIDENT, DIRECTOR  
Name BLAISDELL, MATTHEW  
Address 3M CENTER  
City-State-Zip: ST PAUL MN 55144-1001

Title SECRETARY  
Name GILLETT, LEIGH  
Address 3M CENTER  
City-State-Zip: ST PAUL MN 55144-1001

Title TREASURER  
Name SHULTZ, ROBERT L  
Address 3M CENTER  
City-State-Zip: ST PAUL MN 55144-1001

Title ASST. TREASURER  
Name MCGOUGH, JUSTIN P  
Address 3M CENTER  
City-State-Zip: ST PAUL MN 55144-1001

Title DIRECTOR  
Name FORBES, ERIC  
Address 3M CENTER  
City-State-Zip: ST. PAUL MN 55144-1001

Title VP  
Name VANCE, FRED P  
Address 3M CENTER  
City-State-Zip: ST PAUL MN 55144-1001

Title ASSISTANT TREASURER  
Name LAWLESS, JOHN  
Address 3M CENTER  
City-State-Zip: ST PAUL MN 55144-1001

Title DIRECTOR  
Name TALWAR, SACHIN M  
Address 3M CENTER  
City-State-Zip: ST PAUL MN 55144-1001

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*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KARLA M. STOECKMAN**ASSISTANT SECRETARY** 03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title                 DIRECTOR  
Name                THEIRL, SCOTT  
Address             3M CENTER  
City-State-Zip:    ST PAUL  MN  55144-1001

Title                 ASSISTANT SECRETARY  
Name                STOECKMAN, KARLA M  
Address             3M CENTER  
                      ST PAUL  
City-State-Zip:    ST PAUL  MN  55144

Title                 CHAIRMAN OF THE BOARD  
Name                RENNINGER, DANIEL J  
Address             3M CENTER  
City-State-Zip:    ST PAUL  MN  55144-1001