

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010974

**FILED**  
**Mar 11, 2019**  
**Secretary of State**  
**4806920710CC**

**Entity Name:** ELUTION TECHNOLOGIES, LLC

**Current Principal Place of Business:**

3M COMPANY, 3M CENTER  
BLDG 224-5N-40  
ST PAUL, MN 55144

**Current Mailing Address:**

3M COMPANY, 3M CENTER  
BLDG 224-5N-40  
ST PAUL, MN 55144 US

**FEI Number:** 45-5614426

**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 MBR  
Name 3M COMPANY  
Address 3M COMPANY, 3M CENTER, BLDG 220  
-9E-02  
City-State-Zip: ST PAUL MN 55144

Title PRESIDENT  
Name FOSS, POLLY  
Address 3M COMPANY, 3M CENTER  
BLDG 224-5N-40  
City-State-Zip: ST PAUL MN 55144

Title SECRETARY  
Name HARMS, MAUREEN A  
Address 3M COMPANY, 3M CENTER  
BLDG 224-5N-40  
City-State-Zip: ST PAUL MN 55144

Title VP  
Name MARISKA, ANDREW  
Address 3M COMPANY, 3M CENTER  
BLDG 224-5N-40  
City-State-Zip: ST PAUL MN 55144

Title ASSISTANT SECRETARY  
Name CLAUGHERTY, SHEILA B  
Address 3M COMPANY, 3M CENTER  
BLDG 224-5N-40  
City-State-Zip: ST PAUL MN 55144

*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:** SHEILA B CLAUGHERTY

**ASSISTANT TREASURER** 03/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date