

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001575

Entity Name: ESSITY PROFESSIONAL HYGIENE NORTH AMERICA LLC**Current Principal Place of Business:**2929 ARCH STREET
PHILADELPHIA, PA 19104**Current Mailing Address:**2929 ARCH ST STE 2600
PHILADELPHIA, PA 19104**FEI Number:** 58-2494137**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MGR, PRESIDENT
Name LEWIS, DONALD
Address 2529 ARCH STREET
City-State-Zip: PHILADELPHIA PA 19104

Title MGR, VP
Name MARTINEZ, DUMITRACHE
Address 2929 ARCH STREET
City-State-Zip: PHILADELPHIA PA 19104

Title VP
Name ALBRECHT, FREDERICK
Address 2929 ARCH ST STE 2600
City-State-Zip: PHILADELPHIA PA 19104

Title ASST. SECRETARY
Name MARTINEZ, GILBERTO
Address 2929 ARCH ST STE 2600
City-State-Zip: PHILADELPHIA PA 19104

Title MGR, VP, SECRETARY
Name GORMAN, KEVIN
Address 2929 ARCH STREET
City-State-Zip: PHILADELPHIA PA 19104

Title MANAGER, VP
Name RUSSO, JOSEPH
Address 2929 ARCH ST STE 2600
City-State-Zip: PHILADELPHIA PA 19104

Title VP
Name BELLCOURT, AMY
Address 2929 ARCH ST STE 2600
City-State-Zip: PHILADELPHIA PA 19104

Title ASST. SECRETARY
Name KUNDA, CATHERINE
Address 2929 ARCH ST STE 2600
City-State-Zip: PHILADELPHIA PA 19104

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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: GILBERTO MARTINEZ

ASST SECRETARY

04/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name MARTINEZ, GILBERTO
Address 2929 ARCH ST STE 2600
City-State-Zip: PHILADELPHIA PA 19104

Title ASST. SECRETARY
Name DUNN, CHERYL
Address 2929 ARCH ST STE 2600
City-State-Zip: PHILADELPHIA PA 19104