

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000945

**Entity Name:** ESSITY HMS NORTH AMERICA INC.**Current Principal Place of Business:**2929 ARCH ST  
STE 2600  
PHILADELPHIA, PA 19104**Current Mailing Address:**2929 ARCH ST  
STE 2600  
PHILADELPHIA, PA 19104 US**FEI Number:** 23-3036384**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

**Officer/Director Detail :**

Title	VP, DIRECTOR
Name	FEENAN, MICHAEL
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19104

Title	PRESIDENT, DIRECTOR
Name	KOLSRUD, ULRIKA
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19104

Title	VP, SECRETARY
Name	GORMAN, KEVIN S
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19104

Title	VICE PRESIDENT
Name	BELLCOURT, AMY E
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19380

Title	ASST SECRETARY
Name	MARTINEZ GARCIA, GILBERTO
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19380

Title	ASST SECRETARY
Name	DUNN, CHERYL
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19380

Title	ASST VP
Name	LAUER, STEVEN
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19380

Title	DIRECTOR
Name	VAN LUCHEM, ANTHONY
Address	2929 ARCH STREET SUITE 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 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 all other like empowered.*

**SIGNATURE: KEVIN S. GORMAN****SECRETARY****04/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name ISAACOFF, LAUREN  
Address 2929 ARCH ST  
STE 2600  
City-State-Zip: PHILADELPHIA PA 19380

Title DIRECTOR  
Name CZEKIRDA, PETER  
Address 2929 ARCH ST  
STE 2600  
City-State-Zip: PHILADELPHIA PA 19380