2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2016
Secretary of State
CC1920822624

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Entity Name: SCA PERSONAL CARE, INC.

Current Principal Place of Business:

2929 ARCH ST
STE 2600
PHILADELPHIA, PA 19380

Current Mailing Address:

2929 ARCH ST
STE 2600
PHILADELPHIA, PA 19380

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

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

Title	VICE PRESIDENT
Name	ALBRECHT, FREDERICK
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19380

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

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

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

Title	ASST SECRETARY
Name	MARTINEZ, 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

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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: GILBERTO MARTINEZ ASST SECRETARY 04/22/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP, DIRECTOR
Name	MARTINEZ, DUMITRACHE
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19380