

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006234

Entity Name: THE ESAB GROUP, INC.**Current Principal Place of Business:**181 EAST EVANS STREET, SUITE 18
FLORENCE, SC 29506**Current Mailing Address:**181 EAST EVANS STREET, SUITE 18
FLORENCE, SC 29506 US**FEI Number:** 84-0966648**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name PRYOR, DANIEL ALEXIS
Address 420 NATIONAL BUSINESS PARKWAY
5TH FLOOR
City-State-Zip: ANNAPOLIS JUNCTION MD 20701

Title SECRETARY
Name PUCKETT, ANNE LYNNE
Address 420 NATIONAL BUSINESS PARKWAY
5TH FLOOR
City-State-Zip: ANNAPOLIS JUNCTION MD 20701

Title PRESIDENT
Name HIX, CHRISTOPHER MICHAEL
Address 1101 CENTRE ROAD
SUITE 203
City-State-Zip: WILMINGTON DE 19805

Title DIRECTOR
Name PUCKETT, ANNE LYNNE
Address 420 NATIONAL BUSINESS PARKWAY
5TH FLOOR
City-State-Zip: ANNAPOLIS JUNCTION MD 20701

Title DIRECTOR
Name HIX, CHRISTOPHER MICHAEL
Address 1101 CENTRE ROAD
SUITE 203
City-State-Zip: WILMINGTON DE 19805

Title TREASURER
Name HIX, CHRISTOPHER MICHAEL
Address 1101 CENTRE ROAD
SUITE 203
City-State-Zip: WILMINGTON DE 19805

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: ANNE LYNNE PUCKETT**SECRETARY****04/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date