

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000001116

**Entity Name:** ENERGIZER MANUFACTURING, INC.**Current Principal Place of Business:**25225 DETROIT ROAD  
WESTLAKE, OH 44145**Current Mailing Address:**C/O ENERGIZER  
533 MARYVILLE UNIVERSITY DR  
ST LOUIS, MO 63141**FEI Number:** 01-0758278**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
C/O CT 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 PRESIDENT AND CEO  
Name LAVIGNE, MARK S.  
Address 533 MARYVILLE UNIVERSITY DRIVE  
City-State-Zip: SAINT LOUIS MO 63141

Title EXECUTIVE VP AND CFO  
Name DRABIK, JOHN J.  
Address C/O ENERGIZER  
533 MARYVILLE UNIVERSITY DR  
City-State-Zip: ST LOUIS MO 63141

Title GENERAL COUNSEL AND  
CORPORATE SECRETARY,  
DIRECTOR  
Name DUGAN, KATHRYN A.  
Address C/O ENERGIZER  
533 MARYVILLE UNIVERSITY DR  
City-State-Zip: ST LOUIS MO 63141

Title VP, GLOBAL CONTROLLER,  
DIRECTOR  
Name HAMPTON, SARA  
Address 533 MARYVILLE UNIVERSITY DR.  
City-State-Zip: ST. LOUIS MO 63141

Title VICE PRESIDENT-CHIEF HUMAN  
CAPITAL OFFICER  
Name DRATH, SUE K.  
Address C/O ENERGIZER  
533 MARYVILLE UNIVERSITY DR  
City-State-Zip: ST LOUIS MO 63141

Title CHIEF ADMINISTRATIVE OFFICER  
Name ANGELETTE, BENJAMIN J.  
Address C/O ENERGIZER  
533 MARYVILLE UNIVERSITY DR  
City-State-Zip: ST LOUIS MO 63141

Title VP, TAX AND ASST. SECRETARY  
Name GABRIELSON, KORINA  
Address C/O ENERGIZER  
533 MARYVILLE UNIVERSITY DR  
City-State-Zip: ST LOUIS MO 63141

Title VP, TREASURER AND INVESTOR  
RELATIONS, DIRECTOR  
Name POLDAN, JONATHAN  
Address C/O ENERGIZER  
533 MARYVILLE UNIVERSITY DR  
City-State-Zip: ST LOUIS MO 63141

*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:** KORINA GABRIELSON

VP OF TAX

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date