

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003593

**Entity Name:** MCCORMICK & COMPANY, INCORPORATED

**Current Principal Place of Business:**

18 LOVETON CIRCLE  
SPARKS, MD 21152

**FILED**  
**Apr 19, 2013**  
**Secretary of State**  
**CC6768895909**

**Current Mailing Address:**

18 LOVETON CIRCLE  
SPARKS, MD 21152

**FEI Number: 52-0408290**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORP SERVICE COMPANY  
1201 HAYS ST  
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 DC  
Name WILSON, ALAN D  
Address 18 LOVETON CIRCLE  
City-State-Zip: SPARKS MD 21152

Title V  
Name STETZ, GORDON MJR  
Address 18 LOVETON CIRCLE  
City-State-Zip: SPARKS MD 21152

Title VS  
Name CARPENTER, W. GEOFFREY  
Address 18 LOVETON CIRCLE  
City-State-Zip: SPARKS MD 21152

Title VT  
Name CONRAD, ROBERT P  
Address 18 LOVETON CIRCLE  
City-State-Zip: SPARKS MD 21152

Title V  
Name NOLAN, PAUL B  
Address 18 LOVETON CIRCLE  
City-State-Zip: SPARKS MD 21152

Title AS  
Name CASSIDY, DEIDRE D  
Address 18 LOVETON CIRCLE  
City-State-Zip: SPARKS MD 21152

*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: DEIDRE CASSIDY**

**ASSISTANT SECRETARY 04/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date