

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003593

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

**Current Principal Place of Business:**

24 SCHILLING ROAD SUITE 1  
HUNT VALLEY, MD 21031

**FILED**  
**Apr 28, 2020**  
**Secretary of State**  
**5997443614CC**

**Current Mailing Address:**

ATTN: TAX DEPARTMENT  
24 SCHILLING ROAD SUITE 1  
HUNT VALLEY, MD 21031 US

**FEI Number: 52-0408290**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CFO  
Name SMITH, MICHAEL R  
Address 24 SCHILLING ROAD SUITE 1  
City-State-Zip: HUNT VALLEY MD 21031

Title SECRETARY, VP  
Name SCHWARTZ, JEFFREY D  
Address 24 SCHILLING ROAD SUITE 1  
City-State-Zip: HUNT VALLEY MD 21031

Title TREASURER, VP  
Name CONRAD, ROBERT P  
Address 24 SCHILLING ROAD SUITE 1  
City-State-Zip: HUNT VALLEY MD 21031

Title VICE PRESIDENT  
Name NOLAN, PAUL B  
Address 24 SCHILLING ROAD SUITE 1  
City-State-Zip: HUNT VALLEY MD 21031

Title AUTHORIZED SIGNOR  
Name CASSIDY, DEIDRE D  
Address 24 SCHILLING ROAD SUITE 1  
City-State-Zip: HUNT VALLEY MD 21031

Title PRESIDENT, CEO  
Name KURZIUS, LAWRENCE  
Address 24 SCHILLING ROAD SUITE 1  
City-State-Zip: HUNT VALLEY MD 21031

*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 D CASSIDY**

**AUTHORIZED SIGNOR**

**04/28/2020**

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

\_\_\_\_\_  
Date