2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003593

Entity Name: MCCORMICK & COMPANY, INCORPORATED

Current Principal Place of Business:

18 LOVETON CIRCLE SPARKS, MD 21152

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:

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

Date

FILED Apr 28, 2016

Secretary of State

CC9736581176

Officer/Director Detail:

Title **EXECUTIVE CHAIRMAN** Title EXECUTIVE VICE PRESIDENT

WILSON, ALAN D STETZ, GORDON MJR Name Name 18 LOVETON CIRCLE Address 18 LOVETON CIRCLE Address City-State-Zip: SPARKS MD 21152 SPARKS MD 21152 City-State-Zip:

Title **TREASURER** Title VICE PRESIDENT

Name CONRAD, ROBERT P Name SCHWARTZ, JEFFREY D Address 18 LOVETON CIRCLE Address 18 LOVETON CIRCLE SPARKS MD 21152 City-State-Zip: City-State-Zip: SPARKS MD 21152

Title AUTHORIZED SIGNOR Title VICE PRESIDENT Name CASSIDY, DEIDRE D NOLAN, PAUL B Name Address 18 LOVETON CIRCLE Address 18 LOVETON CIRCLE City-State-Zip: SPARKS MD 21152

SPARKS MD 21152

Title **PRESIDENT**

City-State-Zip:

KURZIUS, LAWRENCE Name 18 LOVETON CIRCLE Address SPARKS MD 21152 City-State-Zip:

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.

04/28/2016 SIGNATURE: DEIDRE CASSIDY **AUTHORIZED SIGNOR**

Electronic Signature of Signing Officer/Director Detail