

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006438

Entity Name: CHEMED CORPORATION**Current Principal Place of Business:**255 EAST FIFTH STREET
SUITE 2600
CINCINNATI, OH 45202**Current Mailing Address:**255 EAST FIFTH STREET
SUITE 2600-AMY ESCHENBACH
CINCINNATI, OH 45202 US**FEI Number:** 31-0791746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 PCEO, DIRECTOR
Name MCNAMARA, KEVIN J
Address 255 EAST FIFTH STREET, SUITE 2600

City-State-Zip: CINCINNATI OH 45202

Title EVP
Name LEE, SPENCER S
Address 255 EAST FIFTH STREET, SUITE 2500

City-State-Zip: CINCINNATI OH 45202

Title CHAIRMAN OF THE BOARD,
DIRECTOR
Name WALSH, GEORGE J. III
Address ONE CHASE MANHATTAN PLAZA
City-State-Zip: NEW YORK NY 10005

Title VP, CAO
Name REINHARD, LISA A.
Address 255 EAST FIFTH STREET
SUITE 2600
City-State-Zip: CINCINNATI OH 45202

Title CFOEVP
Name WILLIAMS, DAVID P
Address 255 EAST FIFTH STREET, SUITE 2600

City-State-Zip: CINCINNATI OH 45202

Title AT
Name MANGINE, ROBERT E
Address 255 EAST 5TH STREET, SUITE 2600
City-State-Zip: CINCINNATI OH 45202

Title VP, SEC & CHIEF LEGAL OFFICER
Name JUDKINS, BRIAN C.
Address 255 EAST FIFTH STREET
SUITE 2600
City-State-Zip: CINCINNATI OH 45202

Title VP, DIRECTOR
Name HUTTON, THOMAS C.
Address ONE ROCKEFELLER PLAZA
SUITE 1510
City-State-Zip: NEW YORK NY 10020

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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: ROBERT E. MANGINE**ASST. TREASURER****03/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, ASST CONTROLLER
Name WITZEMAN, MICHAEL
Address 255 EAST FIFTH STREET
SUITE 2600
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name GRACE, PATRICK P.
Address 1100 PARK AVENUE
City-State-Zip: NEW YORK NY 10128

Title DIRECTOR
Name RICE, THOMAS P.
Address 255 E 5TH ST
SUITE 2600
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name DELYONS, RON
Address 2692 MADISON ROAD
SUITE N1-313
City-State-Zip: CINCINNATI OH 45208

Title DIRECTOR
Name GEMUNDER, JOEL F.
Address 5910 SENTINEL RIDGE
City-State-Zip: CINCINNATI OH 45243

Title DIRECTOR
Name LINDELL, ANDREA R.
Address 255 E 5TH ST
SUITE 2600
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name SAUNDERS, DONALD E.
Address 255 E 5TH ST
SUITE 2600
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name HEANEY, CHRISTOPHER
Address 10817 CLIFFVIEW DRIVE
City-State-Zip: SOUTH LYON MI 48178