2015 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-B. S. GUGEL CINCINNATI, OH 45202

FEI Number: 31-0791746 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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:

Address

Electronic Signature of Registered Agent

Date

FILED Apr 09, 2015

Secretary of State

CC3627485095

Officer/Director Detail:

Title PCEO Title CFOEVP

Name MCNAMARA, KEVIN J Name WILLIAMS, DAVID P

Address 255 EAST FIFTH STREET, SUITE 2600 Address 255 EAST FIFTH STREET, SUITE 2600

City-State-Zip: CINCINNATI OH 45202 City-State-Zip: CINCINNATI OH 45202

Title EVP Title EVP

Name LEE, SPENCER S Name O'TOOLE, TIMOTHY S

Address 255 EAST FIFTH STREET, SUITE 2500 Address 201 S. BISCAYNE BLVD, SUITE 400

City-State-Zip: CINCINNATI OH 45202

Title VPC

Name STEPHENS, MARK W
Name TUCKER, ARTHUR VJR

Address 255 EAST 5TH STREET, SUITE 2600

Address 255 EAST 5TH STREET, SUITE 2600

City-State-Zip: CINCINNATI OH 45202

City-State-Zip: CINCINNATI OH 45202

Title VP, SEC & CHIEF LEGAL OFFICER

Title CHAIRMAN OF THE BOARD Name DALLOB, NAOMI C.

Name WALSH, GEORGE J. III Address 255 EAST FIFTH STREET

ONE CHASE MANHATTAN PLAZA
SUITE 2600

City-State-Zip: CINCINNATI OH 45202

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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: MARK W. STEPHENS ASSISTANT TREASURER 04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP, CAO

Name REINHARD, LISA A.

Address 255 EAST FIFTH STREET

SUITE 2600

City-State-Zip: CINCINNATI OH 45202

Title VP

Name REILLY, THOMAS J.

Address 255 EAST FIFTH STREET

SUITE 2600

City-State-Zip: CINCINNATI OH 45202

Title ASST VP

Name WESTFALL, NICK M.

Address 255 EAST FIFTH STREET

SUITE 2600

City-State-Zip: CINCINNATI OH 45202

Title ASST CONTROLLER Name VOLKER, LAURA A.

Address 255 EAST FIFTH STREET

SUITE 2600

City-State-Zip: CINCINNATI OH 45202

Title ASST CONTROLLER
Name EATON, JAMES E.

Address 255 EAST FIFTH STREET

SUITE 2600

City-State-Zip: CINCINNATI OH 45202

Title ASST. SECRETARY
Name WARNER, SHERRI L.

Address 255 EAST FIFTH STREET

SUITE 2600

City-State-Zip: CINCINNATI OH 45202

Title ASST. SECRETARY
Name ROBERTS, PENNIE L.

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

Title VP, ASST CONTROLLER

Name WITZEMAN, MICHAEL

Address 255 EAST FIFTH STREET

SUITE 2600

City-State-Zip: CINCINNATI OH 45202

Title ASST VP

Name PAINTER, JACK W.

Address 255 EAST FIFTH STREET

SUITE 2600

City-State-Zip: CINCINNATI OH 45202

Title ASST CONTROLLER

Name SCHMIDT, HOLLEY R.

Address 255 EAST FIFTH STREET

SUITE 2600

City-State-Zip: CINCINNATI OH 45202

Title ASST. TREASURER
Name MUELLER, PAULA W.

Address 255 EAST FIFTH STREET

SUITE 2600

City-State-Zip: CINCINNATI OH 45202

Title ASST. SECRETARY

Name FIECHTNER, MARIAN E.

Address 255 EAST FIFTH STREET

SUITE 2600

City-State-Zip: CINCINNATI OH 45202