

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000003585

Entity Name: EMERGENT PROTECTIVE PRODUCTS USA INC.**Current Principal Place of Business:**46 SHELBY THAMES DR
HATTIESBURG, MS 39402**Current Mailing Address:**400 PROFESSIONAL DRIVE
SUITE 400
GAITHERSBURG, MD 20879 US**FEI Number:** 38-3907269**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 DIRECTOR, VP
Name HAVEY, ADAM
Address 3500 N MARTIN LUTHER KING JR.
BLVD
City-State-Zip: LANSING MI 48906

Title ASST. SECRETARY
Name WOUBISHET, DANIEL
Address 400 PROFESSIONAL DR, SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title ASST. TREASURER
Name MILLARD, BRIAN
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title TREASURER, DIRECTOR
Name LINDAHL, RICHARD
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title PRESIDENT
Name KIRK, SEAN
Address 400 PROFESSIONAL DR, SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title SECRETARY, DIRECTOR
Name SARAN, ATUL
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

Title VP
Name WHITE, C DOUGLAS
Address 400 PROFESSIONAL DRIVE
SUITE 400
City-State-Zip: GAITHERSBURG MD 20879

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: ATUL SARAN**SECRETARY****04/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date