

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000003229

**Entity Name:** VICTAULIC COMPANY

**Current Principal Place of Business:**

4901 KESSLERSVILLE RD.  
EASTON, PA 18040

**Current Mailing Address:**

4901 KESSLERSVILLE RD.  
EASTON, PA 18040 US

**FEI Number:** 22-1501729

**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            PRESIDENT, DIRECTOR  
Name            BUCHER, RICHARD PHD  
Address        4901 KESSLERSVILLE RD.  
City-State-Zip: EASTON PA 18040

Title            TREASURER, CFO, & EXECUTIVE VP  
Name            SAVAGE , JOSEPH M.  
Address        4901 KESSLERSVILLE RD.  
City-State-Zip: EASTON PA 18040

Title            CEO  
Name            BUCHER, RICHARD PHD  
Address        4901 KESSLERSVILLE RD.  
City-State-Zip: EASTON PA 18040

Title            DIRECTOR  
Name            MURRAY, RICK  
Address        4901 KESSLERSVILLE RD.  
City-State-Zip: EASTON PA 18040

Title            SECRETARY  
Name            VOORDE, MARK VAN DE  
Address        4901 KESSLERSVILLE RD.  
City-State-Zip: EASTON PA 18040

Title            DIRECTOR  
Name            D'ARENBERG, PIERRE  
Address        4901 KESSLERSVILLE RD.  
City-State-Zip: EASTON PA 18040-6714

Title            DIRECTOR  
Name            FIELDS, MARK  
Address        4901 KESSLERSVILLE RD.  
City-State-Zip: EASTON PA 18040

Title            DIRECTOR  
Name            MALLOY, JOHN F.  
Address        C/O VICTAULIC COMPANY, PO BOX  
31,  
City-State-Zip: EASTON PA 18044

**Continues on page 2**

*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 VAN DE VOORDE

**AUTHORIZED PERSON**

**04/21/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name O'KANE, HUGH  
Address 4901 KESSLERSVILLE RD.  
City-State-Zip: EASTON PA 18040-6714

Title DIRECTOR  
Name BARKHAM, FIONA  
Address 4901 KESSLERSVILLE RD.  
City-State-Zip: EASTON PA 18040

Title DIRECTOR  
Name MURRAY, FREDERICK  
Address C/O VICTAULIC COMPANY,PO BOX 31,  
City-State-Zip: EASTON PA 18044