

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004946

Entity Name: OMNOVA SOLUTIONS, INC.**Current Principal Place of Business:**25435 HARVARD ROAD
BEACHWOOD, OH 44122**Current Mailing Address:**25435 HARVARD ROAD
BEACHWOOD, OH 44122 US**FEI Number:** 34-1897652**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, CEO
Name NOONAN, ANNE P
Address 25435 HARVARD ROAD
City-State-Zip: BEACHWOOD OH 44122

Title TREASURER, VP
Name FOX, CHESTER W
Address 25435 HARVARD ROAD
City-State-Zip: BEACHWOOD OH 44122

Title DIRECTOR
Name ROTHWELL, ALLEN R
Address 25435 HARVARD ROAD
City-State-Zip: BEACHWOOD OH 44122

Title DIRECTOR
Name D'ANTONI, DAVID J
Address 25435 HARVARD ROAD
City-State-Zip: BEACHWOOD OH 44122

Title DIRECTOR
Name MITAROTONDA, JAMES A
Address 25435 HARVARD ROAD
City-State-Zip: BEACHWOOD OH 44122

Title DIRECTOR
Name GIESSELMAN, JANET PLAUT
Address 25435 HARVARD ROAD
City-State-Zip: BEACHWOOD OH 44122

Title DIRECTOR
Name GINGO, JOSEPH M
Address 25435 HARVARD ROAD
City-State-Zip: BEACHWOOD OH 44122

Title DIRECTOR
Name PORCELLATO, LARRY B
Address 25435 HARVARD ROAD
City-State-Zip: BEACHWOOD OH 44122

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: ANNE P. NOONAN**PRESIDENT****01/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MERRIMAN, MICHAEL J
Address 25435 HARVARD ROAD
City-State-Zip: BEACHWOOD OH 44122

Title DIRECTOR
Name PERCY, STEVEN W
Address 25435 HARVARD ROAD
City-State-Zip: BEACHWOOD OH 44122

Title DIRECTOR
Name STEFANKO, ROBERT A
Address 25435 HARVARD ROAD
City-State-Zip: BEACHWOOD OH 44122

Title DIRECTOR
Name SEELBACH, WILLIAM R
Address 25435 HARVARD ROAD
City-State-Zip: BEACHWOOD OH 44122