

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11970

Entity Name: SCOTT TECHNOLOGIES, INC.**Current Principal Place of Business:**3M CENTER
BLDG 224-5N-40
ST PAUL, MN 55144-1000**Current Mailing Address:**3M CENTER
BLDG 224-5N-40
ST PAUL, MN 55144-1000 US**FEI Number:** NOT APPLICABLE**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 PRESIDENT, DIRECTOR
Name POUL, MOJDEH
Address 3M CENTER
 BLDG 224-5N-40
City-State-Zip: ST PAUL MN 55144-1000Title SECRETARY
Name HEINTEL, ROBERT
Address 3M CENTER
 BLDG 224-5N-40
City-State-Zip: ST PAUL MN 55144-1000Title VP, DIRECTOR
Name CICUT, BERNARD GEORGE LOUIS
Address 3M CENTER
 BLDG 224-5N-40
City-State-Zip: ST PAUL MN 55144-1000Title TREASURER, DIRECTOR
Name NIXON, BRUCE
Address 3M CENTER
 BLDG 224-5N-40
City-State-Zip: ST PAUL MN 55144-1000Title ASSISTANT TREASURER
Name TORSETH, KIMBERLY M
Address 3M CENTER
 BLDG 224-5N-40
City-State-Zip: ST PAUL MN 55144-1000Title ASSISTANT SECRETARY
Name CLAUGHERTY, SHEILA B
Address 3M CENTER
 BLDG 224-5N-40
City-State-Zip: ST PAUL MN 55144-1000

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: KIMBERLY M TORSETH

ASSISTANT TREASURER 03/11/2019

Electronic Signature of Signing Officer/Director Detail_____
Date