

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22303

**Entity Name:** 3M UNITEK CORPORATION

**Current Principal Place of Business:**

2724 S. PECK RD.  
MONROVIA, CA 91016-5005

**Current Mailing Address:**

3M CENTER  
BLDG 220-9E-0  
ST. PAUL, MN 55144-1001 US

**FEI Number:** 06-0976495

**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            MANSOUR , KARIM  
Address        3M CENTER  
City-State-Zip: ST PAUL MN 55144

Title            SECRETARY  
Name            FANTILLO, BLAIR  
Address        3M CENTER  
City-State-Zip: ST. PAUL MN 55144-1001

Title            ASST. TREASURER  
Name            MCGOUGH, JUSTIN P  
Address        3M CENTER  
City-State-Zip: ST PAUL MN 55144-1001

Title            TREASURER  
Name            ESPINOSA-CASAUBON , RODOLFO  
Address        3M CENTER  
City-State-Zip: SAINT PAUL MN 55144-1001

Title            ASSISTANT SECRETARY  
Name            STOECKMAN, KARLA M  
Address        3M CENTER  
City-State-Zip: ST. PAUL MN 55144-1001

Title            VP  
Name            ISSA, JAY  
Address        3M CENTER  
City-State-Zip: ST PAUL MN 55144-1001

Title            VP  
Name            GUTIERREZ, ROBERTO  
Address        3M CENTER  
City-State-Zip: ST PAUL MN 55144-1001

*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:** KARLA M STOECKMAN

**ASSISTANT SECRETARY    03/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date