## 2014 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F04000002973

Entity Name: 3M COGENT, INC.

Apr 18, 2014 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

639 N. ROSEMEAD BOULEVARD 639 N. ROSEMEAD BOULEVARD PASADENA, CA 91107 PASADENA, CA 91107

**Current Mailing Address: New Mailing Address:** 

639 N. ROSEMEAD BOULEVARD 3M CENTER PASADENA, CA 91107 BLDG 224-5N-40 ST. PAUL, MN 55144 10

FEI Number: 95-4305768 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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: JEANNE NELSON

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRFS

Name: HOULE, JOHN 3M CENTER Address:

City-St-Zip: ST PAUL, MN 55144 US

Title: TREA

KROHN, SCOTT Name: 3M CENTER Address:

ST PAUL, MN 55144 US City-St-Zip:

Title: SEC

ROLFS, RICHMOND Name: 3M CENTER Address:

City-St-Zip: ST PAUL, MN 55144 US

Title:

TORSETH, KIMBERLY Name:

Address: 3M CENTER

City-St-Zip: ST PAUL, MN 55144 US

Title: DIR

Name: LESHEM, NIR

Address: 639 N. ROSEMEAD BLVD. City-St-Zip: PASADENA, CA 91107 US

Title: DIR

Name: HOULE, JOHN Address: 3M CENTER

City-St-Zip: ST PAUL, MN 55144 US

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 ΑT 04/18/2014