

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002973

**Entity Name:** 3M COGENT, INC.

**Current Principal Place of Business:**

639 N. ROSEMEAD BOULEVARD  
PASADENA, CA 91107

**Current Mailing Address:**

3M CENTER  
BLDG 224-5N-40  
ST. PAUL, MN 55144 10

**FEI Number:** 95-4305768

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name            KNIFFIN, DAVID R  
Address         3M CENTER  
City-State-Zip: ST PAUL MN 55144

Title            SECRETARY  
Name            ROLFS, RICHMOND  
Address         3M CENTER  
City-State-Zip: ST PAUL MN 55144

Title            ASST. TREASURER  
Name            TORSETH, KIMBERLY  
Address         3M CENTER  
City-State-Zip: ST PAUL MN 55144

Title            DIRECTOR  
Name            LESHEM, NIR  
Address         639 N. ROSEMEAD BLVD.  
City-State-Zip: PASADENA CA 91107

Title            DIRECTOR  
Name            MONETTE, ROBERT  
Address         3M CENTER  
City-State-Zip: ST PAUL MN 55144

*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    04/19/2017**

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

\_\_\_\_\_  
Date