

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003793

**Entity Name:** MACDERMID AGRICULTURAL SOLUTIONS, INC.

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**7232134972CC**

**Current Principal Place of Business:**

15401 WESTON PARKWAY  
ARYSTA LIFESCIENCE INC. SUITE 150  
CARY, NC 27513

**Current Mailing Address:**

15401 WESTON PARKWAY  
ARYSTA LIFESCIENCE INC. SUITE 150  
CARY, NC 27513 US

**FEI Number: 46-5678703**

**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: KIMBERLY B. MORET**

**01/15/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            CASANELLO, DIEGO  
Address        15401 WESTON PARKWAY  
                  ARYSTA LIFESCIENCE INC. SUITE  
                  150  
City-State-Zip: CARY NC 27513

Title            TREASURER, DIRECTOR  
Name            GIBBENS, MARK  
Address        15401 WESTON PARKWAY  
                  ARYSTA LIFESCIENCE INC. SUITE  
                  150  
City-State-Zip: CARY NC 27513

Title            VP, DIRECTOR  
Name            SMITH, THOMAS  
Address        15401 WESTON PARKWAY  
                  ARYSTA LIFESCIENCE INC. SUITE  
                  150  
City-State-Zip: CARY NC 27513

Title            DIRECTOR  
Name            ZAGOREC, TODD  
Address        15401 WESTON PARKWAY  
                  ARYSTA LIFESCIENCE INC. SUITE  
                  150  
City-State-Zip: CARY NC 27513

*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: DIEGO CASANELLO**

**PRESIDENT**

**01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date