

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P28634

**Entity Name:** COMPASS MINERALS AMERICA INC.**Current Principal Place of Business:**9900 WEST 109TH STREET  
SUITE 100  
OVERLAND PARK, KS 66210**Current Mailing Address:**9900 WEST 109TH STREET  
SUITE 100  
OVERLAND PARK, KS 66210**FEI Number:** 48-1047632**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
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 SECRETARY, DIRECTOR  
Name VANTZOS, ZOE A.  
Address 9900 WEST 109TH STREET  
SUITE 100  
City-State-Zip: OVERLAND PARK KS 66210

Title VP, ASST. SECRETARY  
Name GOSE, GARY R.  
Address 9900 WEST 109TH STREET  
SUITE 100  
City-State-Zip: OVERLAND PARK KS 66210

Title PRESIDENT, CEO  
Name CRUTCHFIELD, KEVIN S.  
Address 9900 WEST 109TH STREET  
SUITE 100  
City-State-Zip: OVERLAND PARK KS 66210

Title CHIEF COMMERCIAL OFFICER  
Name GRIFFITH, S. BRADLEY  
Address 9900 WEST 109TH STREET  
SUITE 100  
City-State-Zip: OVERLAND PARK KS 66210

Title CFO  
Name STANDEN, JAMES D.  
Address 9900 WEST 109TH STREET  
SUITE 100  
City-State-Zip: OVERLAND PARK KS 66210

Title COO  
Name SCHULLER, GEORGE J. JR.  
Address 9900 WEST 109TH STREET  
SUITE 100  
City-State-Zip: OVERLAND PARK KS 66210

Title ASSISTANT SECRETARY  
Name SCHNIEDERS, KELLEY A.  
Address 9900 WEST 109TH STREET  
SUITE 100  
City-State-Zip: OVERLAND PARK KS 66210

Title VP  
Name MONTIEL, LUIS E.  
Address 9900 WEST 109TH STREET  
SUITE 100  
City-State-Zip: OVERLAND PARK KS 66210

*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:** GARY R. GOSEVP TAX, ASST.  
SECRETARY

04/28/2020

Electronic Signature of Signing Officer/Director Detail

Date