State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

PECEIVED						
SECRE (ART OF STATE					
CORPU	CATIONS DIV					

2019 JUL 31 AM 11: 48

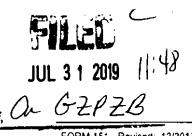
Application for Amended Certificate of Authority

FOREIGN Business Corporation

 \rightarrow Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

1. Entity ID Number:	2. The name of the co	2. The name of the corporation is:				
000110196	Univar USA I	Univar USA Inc.				
3. It is incorporated under the laws of: Washington		4. List the date the Certificate of Authority was issued by th RI Department of State:				
		12/28/1999				
5. If the entity's name has state the new name:	changed, Univar Solution	ns USA Inc.				
		Check box to indicate no change				
	which it elects to use in Rho	de Island is: ncorporation does not contain the word "corporation," "company,"				
		and, then set forth below the fictitious name under which the stated in the "Fictitious Business Name Statement" to be filed with t				
corporation will transact b application:	s changing complete the foll					
corporation will transact b application: 7. If the entity's purpose i	s changing complete the foll	stated in the 'Fictitious Business Name Statement' to be filed with the statement' to be filed with the statement' to be filed with the statement is the statement of the statem				
corporation will transact b application: 7. If the entity's purpose i	s changing complete the foll hode Island.	stated in the 'Fictitious Business Name Statement' to be filed with the owing section: <i>*The new purpose should include</i> ALL activity to be				
corporation will transact b application: 7. If the entity's purpose i transacted in the State of Rt	s changing complete the foll hode Island.	stated in the "Fictitious Business Name Statement" to be filed with the owing section: "The new purpose should include ALL activity to be Check box to indicate no change				
Corporation will transact b application: 7. If the entity's purpose i transacted in the State of Rt Check the box to indicate MAIL TO: Division of Business Service	e an attachment	stated in the "Fictitious Business Name Statement" to be filed with the owing section: "The new purpose should include ALL activity to be Check box to indicate no change				
Corporation will transact b application: 7. If the entity's purpose i transacted in the State of Rt Check the box to indicate MAIL TO: Division of Business Service	e an attachment	stated in the "Fictitious Business Name Statement" to be filed with the owing section: "The new purpose should include ALL activity to be				

If you have any questions, please call us at (401) 222-3040, Monday through Friday, Ch between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



FORM 151 - Revised: 12/2017

	CLASS SERIES		PAR VALUE OR STATE NO PAR VALUE	
			·	
heck the box to indicate	an attachment		Check b	ox to indicate no change
the corporation to be loo	cated within this state d ration to be owned duri	on that the estimated valu uring the following year be ng the following year, whe	ears to the value	%
e transacted by the corpo e following year compare	pration at or from places ed to the gross amount	on of the gross amount of s of business in Rhode Isl thereof which will be trans entage obtained from wor	and during sacted by the	%
As required by RIGL 7-1	<u>12-105</u> , the corporation	has paid all fees and tax	es.	
0. Except as herein modi ereby confirmed, ratified	fied, the original Applica and incorporated by ref	ation for Certificate of Auth ference into this Application	nority continues in ful on for Amended Certi	l force and effect and is ficate of Authority.
1. Date when the Amend	ed Certificate of Authori	ity will be effective: CHEC	K ONE BOX ONLY	
Date received (Upon	filing)			
✓ Later effective date ([Date must be no more t	han 90 days from the date	e of filing)	9
Inder penalty of perjury, I cluding any accompanyi	declare and affirm that ng attachments, and th	I have examined this App at all statements containe	lication for Amended d herein are true and	Certificate of Authority, correct.
lame of Authorized Office	r of the Corporation		D	ate
	tarv		0	6/03/2019
Noelle J. Perkins, Secre			I	

.

۰.

. .

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.rl.gov.

.

• . •



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

July 31, 2019 11:48 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

