

1.) CORPORATION NAME:

**Schick Manufacturing, Inc.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1845256**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 533 MARYVILLE UNIVERSITY DRIVE

CITY/ST/ZIP: SAINT LOUIS, MO 63141

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID P HATFIELD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6 RESEARCH DRIVE		
CITY/ST/ZIP/CO:	SHELTON, CT 06484		
NAME:	MARK S. LAVIGNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/SECRETARY		
ADDRESS:	533 MARYVILLE UNIVERSITY DR.		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63141		
NAME:	DANIEL J. SESCLEIFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	533 MARYVILLE UNIVERSITY DR.		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63141		
NAME:	DAVID WEGNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	533 MARYVILLE UNIVERSITY DRIVE		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63141		
NAME:	WARD M KLEIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB & CEO		
ADDRESS:	533 MARYVILLE UNIVERSITY DRIVE		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	DAVID S. VERNOOY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	533 MARYVILLE UNIVERSITY		
CITY/ST/ZIP/CO:	SAINT LOUIS, MO 63141		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER J. CONRAD VICE PRESIDENT 533 MARYVILLE UNIVERSITY DRIVE SAINT LOUIS, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM C. FOX TREASURER 533 MARYVILLE UNIVERSITY DRIVE SAINT LOUIS, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA J. SHELDON VICE PRESIDENT 533 MARYVILLE UNIVERSITY DRIVE SAINT LOUIS, MO 63141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID WEGNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID WEGNER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/6/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			