FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **210560** **(9)**

1. Corporation Name
SMITHS INDUSTRIES, INC.

Principal Place of Business	Mailing Address
14180 ROOSEVELT BLVD P. O. BOX 5389 CLEARWATER FL 34622-3805	435 DEVON PARK DR STE 101 WAYNE PA 19087 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/17/1958**
3a. Date of Last Report: **02/16/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **52-0713201** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature, Typed or printed name of registered agent and title if applicable) (NOT Registered Agent Signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	11 TITLE	☐ Change ☐ Addition
NAME	ALBRECHT, R. C.	12 NAME	
STREET ADDRESS	255 GREAT VALLEY PKWY	13 STREET ADDRESS	
CITY ST ZIP	MALVERN PA	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SCOTT, D.A.	22 NAME	
STREET ADDRESS	2000 ONE LOGAN SQUARE	23 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	HURN, F R	32 NAME	
STREET ADDRESS	STONESDALE BULSTRODE WAY	33 STREET ADDRESS	
CITY ST ZIP	GERR CROSS BUCK, EN00000	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, C	42 NAME	
STREET ADDRESS	CHILDS HILL	43 STREET ADDRESS	
CITY ST ZIP	LONDON, ENGLAND	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	ORME, W.E.	52 NAME	
STREET ADDRESS	435 DEVON PARK DRIVE	53 STREET ADDRESS	
CITY ST ZIP	WAYNE PA	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter E. Orme — WALTER E. ORME — 4/3/95 — 610-964-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000003 FP