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Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
SMITHS INDUSTRIES, INC.

Principal Place of Business
435 DEVON PARK DR
STE 101
WAYNE PA 19087
US

Mailing Address
435 DEVON PARK DR
STE 101
WAYNE PA 19087-1937
US

3. Date Incorporated or Qualified **03/17/1958**
3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ALBRECHT, R. C.	1.2 NAME	
STREET ADDRESS	255 GREAT VALLEY PKWY	1.3 STREET ADDRESS	435 DEVON PARK DR. STE. 102
CITY-ST-ZIP	MALVERN PA	1.4 CITY-ST-ZIP	WAYNE, PA 19087
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, D.A.	2.2 NAME	
STREET ADDRESS	2000 ONE LOGAN SQUARE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	
TITLE	PD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HURN, F R	3.2 NAME	
STREET ADDRESS	STONESDALE BULSTRODE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GERR CROSS BUCK, EN00000	3.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, ALAN	4.2 NAME	
STREET ADDRESS	CHILDS HILL	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON HI	4.4 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ORME, W.E.	5.2 NAME	
STREET ADDRESS	435 DEVON PARK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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. Demus 2/7/97 610-964-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)