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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 210560

1. Corporation Name
SMITHS INDUSTRIES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/17/1958

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 101 Lindenwood Dr.	26 101 Lindenwood Dr.
Suite, Apt. #, etc. 22 Suite 125	Suite, Apt. #, etc. 27 Suite 125
City & State 23 Malvern, PA	City & State 28 Malvern, PA
Zip / Country 24 19355 25 US	Zip / Country 29 19355 30 US

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	☐ DELETE	1.1 TITLE	VS	☒ Change ☐ Addition
NAME	ALBRECHT, R. C.		1.2 NAME		
STREET ADDRESS	435 DEVON PARK DR, STE 102		1.3 STREET ADDRESS	765 Finchley Rd.	
CITY-ST-ZIP	WAYNE PA		1.4 CITY-ST-ZIP	Childs Hill, London NW11 8DS	
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	1701 Market Street	
CITY-ST-ZIP	PHILADELPHIA PA		2.4 CITY-ST-ZIP	Phila., PA 19103-2921	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, ALAN		3.2 NAME		
STREET ADDRESS	CHILDS HILL		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON HI		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE	DAS	☒ Change ☐ Addition
NAME	ORME, W.E.		4.2 NAME		
STREET ADDRESS	435 DEVON PARK DRIVE		4.3 STREET ADDRESS	101 Lindenwood Dr. Suite 125	
CITY-ST-ZIP	WAYNE PA		4.4 CITY-ST-ZIP	Malvern, PA	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Wayne D. [illegible] VPCFO 2/10/99 610-578-9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #