2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90004 014 ***150.00

DOCUMENT # 210560

1. Entity Name

Smiths Industries, Inc.

Principal Place of Business	Mailing Address
Valley Brooke Corporate Center 101 Lindenwood Dr, Ste 125 Malvern, PA 19355	Valley Brooke Corporate Ctr. 101 Lindenwood Dr., Ste 125 Malvern, PA 19355

D0059683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
101 Lindenwood Dr.	101 Lindenwood Dr.
Suite, Apt. #, etc.: Suite 125	Suite, Apt. #, etc.: Suite 125
City & State: Malvern, PA	City & State: Malvern, PA
Zip: 19355 Country: USA	Zip: 19355 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V.	TITLE	☐ Change ☐ Addition
NAME	Albrecht R.C.	NAME	
STREET ADDRESS	765 Finchley Road	STREET ADDRESS	
CITY-ST-ZIP	Childs Hill, London NW11 8DS	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	Scott D. A	NAME	
STREET ADDRESS	2006 One Logan Square	STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA	CITY-ST-ZIP	
TITLE	DV	TITLE	☐ Change ☐ Addition
NAME	Thomyson, Alan	NAME	
STREET ADDRESS	765 Finchley Road	STREET ADDRESS	
CITY-ST-ZIP	Childs Hill, London NW11 8DS	CITY-ST-ZIP	
TITLE	DAS	TITLE	☐ Change ☐ Addition
NAME	ORME W.E.	NAME	
STREET ADDRESS	101 Lindenwood Dr. Ste 125	STREET ADDRESS	
CITY-ST-ZIP	Malvern, PA 19355	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/17/00 610-578-9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #