

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
 02-19-2002 90021 030 ***150.00

DOCUMENT # 210560
 1. Entity Name
SMITHS GROUP NORTH AMERICA, INC.

Principal Place of Business
 101 LINDENWOOD DR
 SUITE 125
 MALVERN PA 19355
 US

Mailing Address
 101 LINDENWOOD DR
 SUITE 125
 MALVERN PA 19355
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 101 Lindenwood Dr.
 Suite, Apt. #, etc.
 125

3. Mailing Address
 101 Lindenwood Dr.
 Suite, Apt. #, etc.
 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

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE D
 NAME OLIVER, KEITH
 STREET ADDRESS 765 FINCHLEY RD
 CITY-ST-ZIP LONDON NW ☒ Delete

TITLE DV
 NAME THOMPSON, ALAN
 STREET ADDRESS 765 FINCHLEY RD
 CITY-ST-ZIP CHILDS HILL LN 11085 ☐ Delete

TITLE DAS
 NAME ORME, W.E.
 STREET ADDRESS 101 LYNDENWOOD DR., SUITE 125
 CITY-ST-ZIP MALVERN PA 19355 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V Albrecht, R.C.
 NAME
 STREET ADDRESS 101 Lindenwood, Ste 125
 CITY-ST-ZIP Malvern, PA 19355 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME Keith Duffer-Wheelhouse
 STREET ADDRESS 765 Finchley Road
 CITY-ST-ZIP Childs Hill, LN 11085 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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: W. ORME 1/31/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)