2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90269 019 ***150.00

DOCUMENT # 210560

1. Entity Name
SMITHS GROUP NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
101 LINDENWOOD DR SUITE 125 MALVERN, PA 19355 US	101 LINDENWOOD DR SUITE 125 MULVERN, PA 19355 US

04202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBRECHT, R.C. 101 LINDEWOOD DRIVE STE 125 MALVERN, PA 19355	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Butler-Wheelhouse, Keith Oliver 765 Finchley Rd. Childs Hill, London	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, ALAN 765 FINCHLEY RD CHILDS HILL, L	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Flowerday, David 765 Finchley Rd. Childs Hill, London	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAS ORME, W.E. 101 LYNDENWOOD DR., SUITE 125 MALVERN, PA 19355	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Pedrick, Michael 1701 Market St. Philadelphia, PA 19103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEITH, DULLER 765 FRIENDLY ROAD CHERRY HILL, NY 11105	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS ALBRECHT, RC 101 LINDENWOOD DRIVE STE 125 MALVERN, PA 19355	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Orme Walter Orme 4/28/04 610-578-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #