

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **857984** (9)

1. Corporation Name
AIR PRODUCTS MANUFACTURING CORPORATION



Principal Place of Business: **7201 HAMILTON BLVD ATTN: TAX DEPT ALLENTOWN PA 18195**
 Mailing Address: **7201 HAMILTON BLVD ATTN: TAX DEPT ALLENTOWN PA 18195**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1983		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-2255911		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NAME: Registered Agent Signature Required when Changing Office)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKI, JOSEPH J	1.2 NAME	
STREET ADDRESS	7201 HAMILTON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGGER, JAME SH.	2.2 NAME	
STREET ADDRESS	7201 HAMILTON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAEY, LEO J	3.2 NAME	
STREET ADDRESS	7201 HAMILTON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, G. A.	4.2 NAME	Arnold H. Kaplan
STREET ADDRESS	7201 HAMILTON BLVD	4.3 STREET ADDRESS	500 Orchid Circle
CITY-ST-ZIP	ALLENTOWN PA	4.4 CITY-ST-ZIP	Emmaus, PA 18049
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, CORNELIUS P.	5.2 NAME	
STREET ADDRESS	7201 HAMILTON BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, LYNN GERMAN	6.2 NAME	
STREET ADDRESS	7201 HAMILTON BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *C.P. Powell* **C.P. Powell, Vice President - Taxes** 4/26/96 610-481-7598
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)