

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/04/1983	
4. FEI Number 23-2255911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	JONES, JOHN PAUL I
STREET ADDRESS	7201 HAMILTON BLVD.
CITY-ST-ZIP	ALLENTOWN PA
TITLE	D <input type="checkbox"/> DELETE
NAME	AGGER, JAME SH.
STREET ADDRESS	7201 HAMILTON BLVD
CITY-ST-ZIP	ALLENTOWN PA
TITLE	T <input type="checkbox"/> DELETE
NAME	DALEY, LEO J
STREET ADDRESS	7201 HAMILTON BLVD
CITY-ST-ZIP	ALLENTOWN PA
TITLE	VPD <input type="checkbox"/> DELETE
NAME	KAPLAN, H ARNOLD
STREET ADDRESS	500 ORCHID CIR
CITY-ST-ZIP	EMMAUS PA
TITLE	AT <input type="checkbox"/> DELETE
NAME	GREEN, DAVID H
STREET ADDRESS	7201 HAMILTON BLVD.
CITY-ST-ZIP	ALLENTOWN PA
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	LONG, LYNN GERMAN
STREET ADDRESS	7201 HAMILTON BLVD.
CITY-ST-ZIP	ALLENTOWN PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JONES, JOHN PAUL III
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AGGER, JAMES H.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DALEY, LEO J.
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KAPLAN, ARNOLD H.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ASSISTANT SECRETARY
6.3 STREET ADDRESS	BAILEYS, CAROL A.
6.4 CITY-ST-ZIP	7201 HAMILTON BLVD ALLENTOWN PA 18195

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 on an attachment with an address.

SIGNATURE *David H. Green* **DATE** **4/13/98** **610 481 4037**

CR2E034 (10/97)