2002 UNIFORM BUSINESS REPORT (UBR)

Sep 02, 2002 8:00 am Secretary of State F98000006719 DOCUMENT # 1. Entity Name 09-02-2002 90142 047 ***550 00 SCOTT SPECIALTY GASES, INC. Principal Place of Business Mailing Address 6141 EASTON RD 6141 EASTON RD PLUMSTEADVILLE PA 18949 PLUMSTEADVILLE PA 18949 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-1574677 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent and a second and a second C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition MERZ JR, J F NAME NAME STREET ADDRESS 2060 TWINBROOK RD STREET ADDRESS CITY-ST-ZIP BERWYN PA CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition SQUIRES, ROBERT NAME NAME STREET ADDRESS 517 NOB HILL STREET ADDRESS CITY-ST-ZIP PERKASIE PA 18944 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ZIEGLER, ALICE NAME STREET ADDRESS 36 VALLEY VIEW STREET ADDRESS CITY-ST-7/P MILFORD NJ 08848 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PONCE, JOSEPH L NAME NAME STREET ADDRESS 150 ESTRADA MAYA STREET ADDRESS CITY-ST-ZIP Santa Fe NM CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAYES, LOIS NAME STREET ADDRESS 104 SUNSET DRIVE STREET ADDRESS CITY-ST-ZIP RICHBORO PA 18954 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED