

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 857984

1. Entity 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 18195-1526

FILED

00 APR 28 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

4575 Highway 90 East

3. Mailing Address

4575 Highway 90 East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pace, Florida

City & State

Pace, Florida

4. FEI Number

23-2255911

Applied For

Not Applicable

Zip

32571

Country

Santa Rosa

Zip

32571

Country

Santa Rosa

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	JONES, JOHN P III	
STREET ADDRESS	7201 HAMILTON BLVD.	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DALEY, LEO J	
STREET ADDRESS	7201 HAMILTON BLVD	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	GREEN, DAVID H	
STREET ADDRESS	7201 HAMILTON BLVD.	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert D. Buchanan Jr.	
STREET ADDRESS	11444 Lackland Road	
CITY-ST-ZIP	St. Louis, MO 63146	
TITLE	Vice President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert F. Casey	
STREET ADDRESS	4575 Highway 90 East	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	Vice President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles C. Ladd	
STREET ADDRESS	4575 Highway 90 East	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert F. Casey	
STREET ADDRESS	4575 Highway 90 East	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles C. Ladd	
STREET ADDRESS	4575 Highway 90 East	
CITY-ST-ZIP	Pace, FL 32571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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. 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:

(Robert F. Casey, Vice President 3/30/00)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/99)