


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90091 027 ***150.00

DOCUMENT # 857984	
1. Entity Name AIR PRODUCTS MANUFACTURING CORPORATION	

Principal Place of Business 6601 SOUTH RIDGE ROAD HAYSVILLE KS 67060	Mailing Address PO BOX 12291 WICHITA KS 67277
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 23-2255911		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, PAMELA L			NAME			
STREET ADDRESS	6601 SOUTH RIDGE ROAD			STREET ADDRESS			
CITY-ST-ZIP	HAYSVILLE KS 67060			CITY-ST-ZIP			
TITLE	VPTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMILLAN, RHONDA S			NAME			
STREET ADDRESS	6601 SOUTH RIDGE ROAD			STREET ADDRESS			
CITY-ST-ZIP	HAYSVILLE KS 67060			CITY-ST-ZIP			
TITLE	VPSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOD, KENNETH M			NAME			
STREET ADDRESS	4575 HIGHWAY 90 EAST			STREET ADDRESS			
CITY-ST-ZIP	PACE FL 32571			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAMM, JUDITH L			NAME	VAN WEY, PAMELA R		
STREET ADDRESS	6601 SOUTH RIDGE ROAD			STREET ADDRESS	6601 SOUTH RIDGE ROAD		
CITY-ST-ZIP	HAYSVILLE KS 67060			CITY-ST-ZIP	HAYSVILLE KS 67060		
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAU, HUBERTUS R			NAME			
STREET ADDRESS	HERSHAM PL MOLESEY RD WAL ON THA			STREET ADDRESS			
CITY-ST-ZIP	SURREY UK kt12- 4rz			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  Rhonda S. McMillan 4/21/2005 610-481-7598