

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000002240

Entity Name: AIRGAS SAFETY, INC.

**Current Principal Place of Business:**

2501 GREEN LANE  
LEVITTOWN, PA 19057

**Current Mailing Address:**

2501 GREEN LANE  
LEVITTOWN, PA 19057 US

FEI Number: 23-2840701

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SODANO, KERRIE  
Address        2501 GREEN LANE  
City-State-Zip: LEVITTOWN PA 19057

Title            DIRECTOR  
Name            PETERSON, ERIK  
Address        259 N. RADNOR-CHESTER ROAD  
                  SUITE 100  
City-State-Zip: RADNOR PA 19057

Title            VP  
Name            DROIN, NICOLAS  
Address        2501 GREEN LANE  
City-State-Zip: LEVITTOWN PA 19057

Title            DIRECTOR  
Name            DROIN, NICOLAS  
Address        259 N. RADNOR-CHESTER RD  
                  SUITE 100  
City-State-Zip: RADNOR PA 19087

Title            ASSISTANT SECRETARY  
Name            COOK, JAMES E.  
Address        259 N. RADNOR-CHESTER ROAD  
                  SUITE 100  
City-State-Zip: RADNOR PA 19087

Title            SECRETARY  
Name            LIN, LOLA  
Address        259 N. RADNOR-CHESTER ROAD, STE  
                  100  
City-State-Zip: RADNOR PA 19087

Title            CONTROLLER  
Name            KNIGHT, PHILLIP SCOTT  
Address        2501 GREEN LANE  
City-State-Zip: LEVITTOWN PA 19057

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: LOLA LIN

SECRETARY

05/01/2020

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date