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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 818090 1. Corporation Name

AIR LIQUIDE AMERICA CORPORATION

Mailing Address

FILED

Apr 20, 1999 8:00 am

Secretary of State

04-20-1999 90182 048 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

07/31/1964 4. FEI Number

58-0939059

5. Certifcate of Status Desired Fee Required City & State \$5.00 May Be City & State 6. Election Campaign Financing Houston, TX Houston, TX Trust Fund Contribution Added to Fees 28 Zin Country Zip Country 8. This corporation owes the current year Intangible ΠNo 77045 USA 77056 USA 30 Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 83 Zip Code 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. **K** KChange DELETE 1.1 TITLE TITLE Baird, John N. BAIRD, JOHN N 12 NAME NAME 2700 POST OAK BLVD 1.3 STREET ADDRESS STREET ADDRESS WALNUT CREEK CA 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME ALEXANDER, GREGORY 2.3 STREET ADDRESS STREET ADDRESS 2700 POST OAK BLVD 2. 4 CITY-ST-ZIP CITY-ST-ZIP WALNUT_CREEK CA Addition ☐ DELETE 3.1 TITLE Change TITLE 32 NAME LEVY, GERARD G. NAME Levy, Gerard G. 3.3 STREET ADDRESS 2700 POST OAK BLVD STREET ADDRESS 3.4. CITY-ST-ZIP HOUSTON TX CITY-ST-ZIP Addition X XChange P/D ☐ DELETE 4.1 TITLE TILE Verschelde, Patrick 4.2 NAME VERSCHELDE, PATRICK NAME 4.3 STREET ADDRESS 2700 POST OAK BLVD STREET ADDRESS HOUSTON TX 4.4 CITY-ST-ZIP CITY-ST-ZIP **XX**Change ☐ Addition ☐ DELETE 51TITLE TITLE 5.2 NAME Miller, Kenneth W. MILLER, KENNETH W. NAME 5.3 STREET ADDRESS 2700 POST OAK BLVD STREET ADDRESS 5.4 City-St-ZiP **HOUSTON TX** CITY-ST-ZIP 6.1 TITLE ☐ Addition X XDELETE ☐ Change TITLE 6.2 NAME SABELLA, JEAN-CLAUDE NAME 6.3 STREET ADDRESS 2700 POST OAK BLVD STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 cath; 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CIBALETA SEQUIREG. B. Alexander

//7/99

(713) 896-2296

Daytime Phone #

CR2E034 (11/98)