

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 856240 (7)

1. Corporation Name
JOHNSON MATTHEY FLORIDA, INC.

Principal Place of Business
460 E. SWEDES FORD RD.
WAYNE PA 19087
US

Mailing Address
460 E. SWEDES FORD RD.
WAYNE PA 19087-1801
US

3. Date Incorporated or Qualified
04/25/1983

3a. Date of Last Report
02/22/1996

4. FEI Number
05-0398320

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME MYERS, A. M.
STREET ADDRESS 2001 NOLTE DRIVE
CITY- ST- ZIP WEST DEPTFORD NJ ☒ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE DCP
NAME THORBURN, I. GORDON
STREET ADDRESS 2-4 COCKSPUR ST
CITY- ST- ZIP LONDON, ENGLAND ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE S
NAME MILLER, DANIEL MCL.
STREET ADDRESS 460 E. SWEDES FORD RD.
CITY- ST- ZIP WAYNE PA ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE VTD
NAME LEOPOLD, J.S.
STREET ADDRESS 460 E. SWEDES FORD RD.
CITY- ST- ZIP WAYNE PA ☒ DELETE

4.1 TITLE VP & U.S. Group Tax Manager ☒ Change ☐ Addition
4.2 NAME Edward H. Ravert, Jr.
4.3 STREET ADDRESS 460 E. Swedesford Road
4.4 CITY- ST- ZIP Wayne, PA 19087

TITLE AS
NAME LIESER, DAVID L.
STREET ADDRESS 1401 KING ROAD
CITY- ST- ZIP WEST CHESTER PA ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE AS
NAME TALLEY, ROBERT, M
STREET ADDRESS 460 E SWEDES FORD RD
CITY- ST- ZIP WAYNE PA ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward H. Ravert, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward H. Ravert, Jr.

1/31/97

610-971-3000

Date

Daytime Phone #

0007806

CR2E034 (9/96)

APPROVED
AND
FILED

97 FEB 10 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certified P 381 415 807

