
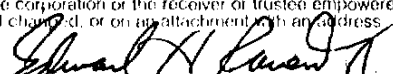


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 480 E. SWEDES FORD RD. WAYNE PA 19087 US			Mailing Address 480 E. SWEDES FORD RD. WAYNE PA 19087 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1983	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 05-0398320	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	DPT MYERS, A. M.	<input type="checkbox"/> DELETE			
NAME	2001 NOLTE DRIVE				
STREET ADDRESS	WEST DEPTFORD NJ				
CITY - ST - ZIP					
TITLE	DCP THORBURN, I, GORDON	<input type="checkbox"/> DELETE			
NAME	2-4 COCKSPUR ST				
STREET ADDRESS	LONDON, ENGLAND				
CITY - ST - ZIP					
TITLE	S MILLER, DANIEL MCL.	<input checked="" type="checkbox"/> DELETE			
NAME	480 E. SWEDES FORD RD.				
STREET ADDRESS	WAYNE PA				
CITY - ST - ZIP					
TITLE	VTM RAVERT, EDWARD H	<input type="checkbox"/> DELETE			
NAME	480 E SWEDES FORD ROAD				
STREET ADDRESS	WAYNE PA				
CITY - ST - ZIP					
TITLE	AS LIESER, DAVID L.	<input type="checkbox"/> DELETE			
NAME	1401 KING ROAD				
STREET ADDRESS	WEST CHESTER PA				
CITY - ST - ZIP					
TITLE	AS TALLEY, ROBERT, M	<input type="checkbox"/> DELETE			
NAME	480 E SWEDES FORD RD				
STREET ADDRESS	WAYNE PA				
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	Robert M. Talley				
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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 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: 					

2/12/98

610-971-3000

CR2E034 (10/97)