FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **857984** **(9)**

1. Corporation Name
AIR PRODUCTS MANUFACTURING CORPORATION

Principal Place of Business	Mailing Address
7201 HAMILTON BLVD ATTN: TAX DEPT ALLENTOWN PA 18195	7201 HAMILTON BLVD ATTN: TAX DEPT ALLENTOWN PA 18195

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/04/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **23-2255911** ☐ 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

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	KAMINSKI, JOSEPH J	12 NAME		
STREET ADDRESS	7201 HAMILTON BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	ALLENTOWN PA	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	AGGER, JAME SH.	22 NAME		
STREET ADDRESS	7201 HAMILTON BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	ALLENTOWN PA	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	Treasurer	☐ Change ☐ Addition
NAME	KELLY, D. H.	32 NAME	Daley, L.J.	
STREET ADDRESS	7201 HAMILTON BLVD	33 STREET ADDRESS	7201 Hamilton Boulevard	
CITY-ST-ZIP	ALLENTOWN PA	34 CITY-ST-ZIP	Allentown, PA 18195	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	WHITE, G. A.	42 NAME		
STREET ADDRESS	7201 HAMILTON BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	ALLENTOWN PA	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	POWELL, CORNELIUS P.	52 NAME		
STREET ADDRESS	7201 HAMILTON BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	ALLENTOWN PA	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	LONG, LYNN GERMAN	62 NAME		
STREET ADDRESS	7201 HAMILTON BLVD	63 STREET ADDRESS		
CITY-ST-ZIP	ALLENTOWN PA	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: C. P. Powell, Vice President - Taxes April 24, 1995 610-481-7598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0489315 FN