

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

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857984 (9)
 1. Corporation Name
AIR PRODUCTS MANUFACTURING CORPORATION



Principal Place of Business 7201 HAMILTON BLVD ATTN: TAX DEPT ALLENTOWN PA 18195	Mailing Address 7201 HAMILTON BLVD ATTN: TAX DEPT ALLENTOWN PA 18195-1526
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	3. Date Incorporated or Qualified 10/04/1983	3a. Date of Last Report 05/01/1996
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4. FEI Number 23-2255911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME KAMINSKI, JOSEPH J	
STREET ADDRESS 7201 HAMILTON BLVD	
CITY-ST-ZIP ALLENTOWN PA	
TITLE D	<input type="checkbox"/> DELETE
NAME AGGER, JAME SH.	
STREET ADDRESS 7201 HAMILTON BLVD	
CITY-ST-ZIP ALLENTOWN PA	
TITLE T	<input type="checkbox"/> DELETE
NAME DAEY, LEO J	
STREET ADDRESS 7201 HAMILTON BLVD	
CITY-ST-ZIP ALLENTOWN PA	
TITLE VP	<input type="checkbox"/> DELETE
NAME KAPLAN, H ARNOLD	
STREET ADDRESS 500 ORCHID CIR	
CITY-ST-ZIP EMMAUS PA	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME POWELL, CORNELIUS P.	
STREET ADDRESS 7201 HAMILTON BLVD	
CITY-ST-ZIP ALLENTOWN PA	
TITLE AS	<input type="checkbox"/> DELETE
NAME LONG, LYNN GERMAN	
STREET ADDRESS 7201 HAMILTON BLVD	
CITY-ST-ZIP ALLENTOWN PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME John Paul Jones III	
1.3 STREET ADDRESS 7201 Hamilton Blvd.	
1.4 CITY-ST-ZIP ALLENTOWN, PA 18195	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME David H. Green	
5.3 STREET ADDRESS 7201 Hamilton Blvd.	
5.4 CITY-ST-ZIP ALLENTOWN, PA 18195	
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 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 an attachment with an address.

SIGNATURE: *David H. Green* **David H. Green** 4/28/97 (610) 481-7598

CR2E034 (9/96)