

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90017 017 ***150.00

DOCUMENT # 857984

1. Entity Name

AIR PRODUCTS MANUFACTURING CORPORATION

Principal Place of Business

**4575 HIGHWAY 90 EAST
 PACE FL 32571**

Mailing Address

**4575 HIGHWAY 90 EAST
 PACE FL 32571**

2. Principal Place of Business

6601 S. Ridge Road

3. Mailing Address

P. O. Box 12291

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haysville, KS

City & State

Wichita, KS

Zip

67060

Country

Zip

67277

Country

4. FEI Number

23-2255911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BUCHANAN, ROBERT D JR	
STREET ADDRESS	11444 LACKLAND ROAD	
CITY-ST-ZIP	ST. LOUIS MO 63146	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	CASEY, ROBERT F	
STREET ADDRESS	4575 HIGHWAY 90 EAST	
CITY-ST-ZIP	PACE FL 32571	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	LADD, CHARLES C	
STREET ADDRESS	4575 HIGHWAY 90 EAST	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASEY, ROBERT F	
STREET ADDRESS	4575 HIGHWAY 90 EAST	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LADD, CHARLES C	
STREET ADDRESS	4575 HIGHWAY 90 EAST	
CITY-ST-ZIP	PACE FL 32571	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pamela L. Johnson	
STREET ADDRESS	6601 S. Ridge Road	
CITY-ST-ZIP	Haysville, KS 67060	
TITLE	Vice President, Treasurer & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhonda S. McMillan	
STREET ADDRESS	6601 S. Ridge Road	
CITY-ST-ZIP	Haysville, KS 67060	
TITLE	Vice President, Secretary & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth M. Wood	
STREET ADDRESS	4575 Highway 90 East	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith L. Hamm	
STREET ADDRESS	6601 S. Ridge Road	
CITY-ST-ZIP	Haysville, KS 67060	
TITLE	Vice President & Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hubertus R. Lau	
STREET ADDRESS	Hersham Place, Molesey Road	
CITY-ST-ZIP	Walton on Thames	
TITLE	Surrey KT12 4RZ U.K.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rhonda S. McMillan Rhonda S. McMillan

4/27/01

610-481-7598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

Daytime Phone #

CR2E034 (10/00)