2002 UNIFORM BUSINESS REPORT (UBR)
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DOCUMENT # B0000000224  1. Entity Name							
MESSER GT&S L.P.				FILED			
*					02 JUL 30 AM 9: 49		
Principal Place of Busines		Mailing Address	v				
3 GREAT VALLEY PARKWAY MALVERN PA 19355-0738	MALVERN PA 19355-0738	GREAT VALLEY PARKWAY IALVERN PA 19355-0738		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Busin	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY SEPTEMBER 25, 2002		
City & State		City & State			4. FEI Number 23-2984969 Applied For Not Applicate		
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired		
	and Address of Current F	legistered Agent		Name	7. Name and Address of New Registered Agent		
CORPORATION SERV	/ICE COMPANY			Street Address (P.O. Box Number is Not Acceptable)			
1201 HAYS STREET	004 0F0F			Sitest Address (F.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32	301-2525			City	Zip Code		
			rogintor	'	FL		
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE	AIGNATURE Signature, typed or printed name of registered agent and title if applicable.  DATE  10. Capital Contributions as Shown on record.  \$0.00  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION						
9. Capital Contributions		10. Amount of Capit		butions O.O			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12.	GENERAL PARTNER		13.	,	ADDRESS CHANGES ONLY		
POOCUMENT / FOOOOOOO4315 NAME MESSER GRIESHEIM INDUSTRIES, INC.			STRI	EET ADDRESS			
STREET ADDRESS 3 GREAT	VALLEY PARKWAY PA 19355-0738	, 1110.	CITY	'-ST-ZIP			
DOCUMENT <b>#</b> NAME			STRI	EET ADDRESS	4000068815642		
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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this penor as required by Chapter 620, Florida Statutes							
SIGNATURE: MANUALTEREDICINATION A. MASHA 7/22/2002 610-695-7486							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIES CAUGUSTS DAIS DAIS DAIS DESCRIPTION OF DESCRIPTION O							

7/22/2002- 610-695-7486

Date Daytime Phone #