UI	IFUN	M DOSINE	3	9 NEPUN	- (UDN	,				,	
1. Entity Nan	MENT R GT&S L.P		00	00224	r			FILED RETARY OF ON OF CORPO	3(11.11.	WI	27	
Principal Place of Business 3 GREAT VALLEY PARKWAY MALVERN PA 19355-0738				Mailing Address 3 GREAT VALLEY PARKWAY MALVERN PA 19355-0738					84 484 584 484	i aano aano aan	15 1 (111)	SI BION IBDI
2. Principal Place of Business				3. Mailing Address			-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			* 		DUE BY MAY 1, 2003				
City & State				City & State				4. FEI Number 23-2984969 Applied For Not Applicable				
Zip	Zip Country			Zip	ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required				onal	
	6 Name	and Address of Current	Regis	tered Agent				.7. Name and A	ddress of Ne	v Registered Ag	ent	
CORPORATION SERVICE COMPANY						Name						·
1201 HAYS STREET TALLAHASSEE FL 32301-2525						Street A	ddress (F	P.O. Box Number	is Not Accepta	ble)		
WILD WINDOLL I'L OLOUT LOLD						City	FL Zip Code			Zip Code	,	
the obligat	named entity tions of regist	v submits this statement for ered agent.	r the p	ourpose of changing its	register	<u> </u> ed office or	registere	ed agent, or both	in the State of		niliar with, an	d accept
SIGNATURE A	Signature typed	or printed name of registered agent a	and title i	if annicable						DATE		 . ∤
Capital Contributions as Shown on record. 10. Amount of Capital in FLORIDA to date 11. Amount of Capital in FLORIDA to date						ontributions 11. MAKE CHECK PAYABLE TO FL. DEPT. 0						
	A (NOTE:	GENERAL PARTNER T General Partners MA	HAT Y NO	IS A BUSINESS EN IT be changed on th	TITY M	UST BE I	REGIST	ERED AND AC	TIVE WITH I	HIS OFFICE. general partn	er.	
2. GENERAL PARTNER INFORMATION						13. ADDRESS CHANGES ONLY						
OCUMENT / AME	F00000004315 MESSER GRIESHEIM INDUSTRIES, INC.				STRE	EET ADDRESS						
TREET ADDRESS ITY-ST-ZIP		VALLEY PARKWAY PA 19355-0738				-ST-ZIP						
OCUMENT # AME	iss .					STREET ADDRESS		01 9296 9-1624-989-2860.00				
TREET ADDRESS						-ST-ZiP						
OCUMENT # AME				,	STRE	ET ADDRESS						
TREET ADDRESS ITY-ST-ZIP					CITY	-ST-ZIP						
OCUMENT / AME					STRE	ET ADDRESS						
TREET ADDRESS					CITY	-ST-ZIP		<u>, , , , , , , , , , , , , , , , , , , </u>				
OCUMENT # AME TREET ADDRESS					STRE	ET ADDRESS						
ITY-ST-ZIP	 				CITY	-ST-ZIP						
DCUMENT # AME					STRE	ET ADDRESS						
REET ADDRESS					CITY	-ST-7IP						

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 at trustee empowered to execute this report as required by Chapter 620, Florida Statutes