


Certified 7099 3400 0005 5445 9774

FILED

Jan 14, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000002531 1. Entity Name JOHNSON MATTHEY INC.	
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Principal Place of Business 11300 NEW BERLIN ROAD JACKSONVILLE, FL 32206	Mailing Address 460 EAST SWEDES FORD ROAD, SUITE 2000 WAYNE, PA 19087
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-0411710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CLARK, CHRIS R.N. 2-4 COCKSPUR STREET, TRAFALGAR SQUARE LONDON, ENGLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRIFILETTI, A.J. 460 E. SWEDES FORD RD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAVERT, EDWARD H JR. 460 EAST SWEDES FORD ROAD, SUITE 2000 WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TALLEY, ROBERT M 460 EAST SWEDES FORD ROAD, SUITE 2000 WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLACK, KARIL J 460 EAST SWEDES FORD ROAD, SUITE 2000 WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/14/04-80018-025 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #