

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000002531

1. Entity Name
JOHNSON MATTHEY INC.



Principal Place of Business
**11300 NEW BERLIN ROAD
JACKSONVILLE, FL 32206**

Mailing Address
**435
600
WAYNE, PA 19087**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-0411710	Applied For <input type="checkbox"/> 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**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1100000436592

02/28/06-80009-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	NPC, CARSON
STREET ADDRESS	2-4 COCKSPUR STREET, TRAFALGAR SQUARE
CITY-ST-ZIP	LONDON, ENGLAND,

TITLE	VP
NAME	TRIFILETTI, A.J.
STREET ADDRESS	435 DEVON PARK DRIVE STE 600
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	VP
NAME	RAVERT, EDWARD H JR.
STREET ADDRESS	435 DEVON PARK DRIVE STE 600
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	VP
NAME	TALLEY, ROBERT M
STREET ADDRESS	435 DEVON PARK DRIVE STE 600
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	T
NAME	BLACK, KARIL J
STREET ADDRESS	435 DEVON PARK DRIVE STE 600
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-06 610-971-3000
Date Daytime Phone #