


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000002736**

1. Entity Name  
**AIRGAS SPECIALTY PRODUCTS, INC.**



Principal Place of Business      Mailing Address

**6340 SUGARLOAF PARKWAY, STE 300  
DULUTH, GA 30097**      **6340 SUGARLOAF PARKWAY, STE 300  
DULUTH, GA 30097**

**DO NOT WRITE IN THIS SPACE**



01252006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**20-2529374**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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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 \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTE, TED 6340 SUGARLOAF PARKWAY, STE 300 DULUTH, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOWLER-HURT, SANDRA 6340 SUGARLOAF PARKWAY, STE 300 DULUTH, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCGLAUGHLIN, ROBERT 259 N RADNOR-CHESTER RD., STE 100 RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERTOLINO, DEAN A 259 N RADNOR-CHESTER RD., STE 100 RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CRAUN, TODD R 259 N RADNOR-CHESTER RD., STE 100 RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TOOMEY, CHUCK 6340 SUGARLOAF PARKWAY, STE 300 DULUTH, GA 30097

U00000413829  
02/11/06-80011-006 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CHARLES T TOOMEY**      Date: **1/25/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #