

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


Jan 18, 2007 08:00 AM

Secretary of State

01042007

DOCUMENT # F05000002736

1. Entity Name
AIRGAS SPECIALTY PRODUCTS, INC.



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



01032007 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

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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01/19/07-80028-022 150.00
2007

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 lists empowered.

SIGNATURE: *[Signature]* *1/3/07* *770 717 2210*

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