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PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Luxfer, Inc	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good States above referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matt	er to the following:
Michael Meier	
Name o	of Person
Luxfer, Inc	
Firm/Co	ompany
3016 Kansas Ave	
Ado	iress
Riverside, CA 92507	
City/State	and Zip code
mike.meier@luxfer.net	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Michael Meier at (951	₎ 684-5110
	a Code & Daytime Telephone Number
	•
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Section Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.		
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
	Luxfer Gas Cylinders	
2.		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	`	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	•
6.		
7.	3016 Kansas Ave, Riverside, CA 92507	
	(Principal office address)	
	3016 Kansas Ave, Riverside, CA 92507	
8.		7 2
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	8
9.	. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	—4 *** 1 %4
	Name: KEGISTERED AGENT SOLUTIONS, IN C	- 7
0	Office Address: 155 OFFICE PLAZA DRIVE, SUITE A	45 15 25
	TALLAMASSEE Florida 32301 (City) (Zip code)	
11/	A. Danilatana di anno	

10. Registered agent's acceptance:

Having been named us registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

AVT Flores, Assl. SCC.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Brian G. Purves Address: 3016 Kansas Ave Riverside, CA 92507 Vice Chairman: Address: Director: John S. Rhodes Address: 3016 Kansas Ave Riverside, CA 92507 Director: J. Michael Edwards Address: 3016 Kansas Ave Riverside, CA 92507 **B. OFFICERS** President: John S. Rhodes Address: 3016 Kansas Ave Riverside, CA 92507 Vice President: Andrew Butcher Address: 3016 Kansas Ave Riverside, CA 92507 Secretary: J. Michael Edwards Address: 3016 Kansas Ave, Riverside, CA 92507 Treasurer: J. Michael Edwards Address: 3016 Kansas Ave, Riverside, CA 92507 NOTE: If/necessary/you/may attach an addendum to the application listing additional officers and/or directors. 13. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third/degree felony as provided for in s.817.155, F.S. 14. J. Michael Edwards

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LUXFER INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D.

2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUXFER INC."

WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 1973.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SI WELLS

0792530 8300

121079986

peffrey W. Bullock, Secretary of State AUTHENTICATION: 9880704

DATE: 09-28-12

You may verify this certificate online at corp. delaware.gov/authver.shtml