

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000006719**

1. Entity Name

SCOTT SPECIALTY GASES, INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90004 035 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6141 EASTON RD
PLUMSTEADVILLE PA 189496141 EASTON RD
PLUMSTEADVILLE PA 18949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1574677**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PD** ☐ Delete
NAME **MERZ JR, J F**
STREET ADDRESS **2060 TWINBROOK RD**
CITY-ST-ZIP **BERWYN PA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **SQUIRES, ROBERT**
STREET ADDRESS **1501 WILSON LANE**
CITY-ST-ZIP **PERKASIE PA**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **517 NOB HILL**
CITY-ST-ZIP **PERKASIE, PA 18944**TITLE **S** ☒ Delete
NAME **MICHENER, SALLY**
STREET ADDRESS **486 W BROAD ST**
CITY-ST-ZIP **TELFOR PA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AS** ☐ Delete
NAME **ZIEGLER, ALICE**
STREET ADDRESS **36 VALLEY VIEW**
CITY-ST-ZIP **MILFORD NJ 08848**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PONCE, JOSEPH L**
STREET ADDRESS **150 ESTRADA MAYA**
CITY-ST-ZIP **SANTA FE NM**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CT** ☒ Delete
NAME **VALENTI, LAURENE**
STREET ADDRESS **2047 LOELSH ROAD**
CITY-ST-ZIP **ABINGTON PA 19001**TITLE ☐ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **LOIS HAYES**
CITY-ST-ZIP **104 SUNSET DRIVE**
RICHBORO PA 18954

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Lois Hayes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)