

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90012 031 ***150.00

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1. Entity Name
SCOTT SPECIALTY GASES, INC.



Principal Place of Business
6141 EASTON RD
PLUMSTEADVILLE, PA 18949

Mailing Address
6141 EASTON RD
PLUMSTEADVILLE, PA 18949

94045970



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262004

Chg-P

CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 D ☐ Change ☒ Addition
NAME Scott E. Anderson
STREET ADDRESS 6141 Easton Rd.
CITY-ST-ZIP Plumsteadville, PA 18949

TITLE V ☐ Delete
NAME SQUIRES, ROBERT
STREET ADDRESS 517 NOB HILL
CITY-ST-ZIP PERKASIE, PA 18944

TITLE D ☐ Change ☒ Addition
NAME Luis A. Gomez
STREET ADDRESS 1900 West Olney Ave.
CITY-ST-ZIP Philadelphia, PA 19141

TITLE AS ☐ Delete
NAME ZIEGLER, ALICE
STREET ADDRESS 36 VALLEY VIEW
CITY-ST-ZIP MILFORD, NJ 08848

TITLE D ☐ Change ☒ Addition
NAME Leanne Menz
STREET ADDRESS 6141 Easton Rd.
CITY-ST-ZIP Plumsteadville, PA-18949

TITLE D ☒ Delete
NAME PONCE, JOSEPH L
STREET ADDRESS 150 ESTRADA MAYA
CITY-ST-ZIP SANTA FE, NM

TITLE D ☐ Change ☒ Addition
NAME Seymour S. Preston III
STREET ADDRESS 189 W. Lancaster Ave.
CITY-ST-ZIP Paoli, PA 19301

TITLE T ☐ Delete
NAME HAYES, LOIS
STREET ADDRESS 104 SUNSET DRIVE
CITY-ST-ZIP RICHBORO, PA 18954

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Lois Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(215) 266-8861