


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000006719 1. Entity Name SCOTT SPECIALTY GASES, INC.	
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Principal Place of Business 6141 EASTON RD PLUMSTEADVILLE, PA 18949	Mailing Address 6141 EASTON RD PLUMSTEADVILLE, PA 18949
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DO NOT WRITE IN THIS SPACE

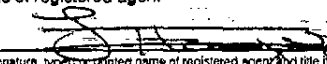


02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 23-1574677	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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: _____

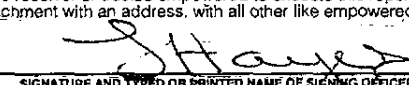
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERZ JR, J F 2060 TWINBROOK RD BERWYN, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SQUIRES, ROBERT 517 NOB HILL PERKASIE, PA 18944
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZIEGLER, ALICE 36 VALLEY VIEW MILFORD, NJ 08848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, SCOTT E 6141 EASTER RD. PLUMSTEADVILLE, PA 18949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYES, LOIS 104 SUNSET DRIVE RICHBORO, PA 18954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, LUIS A 1900 WEST OLNEY AVE. PHILADELPHIA, PA 19141

**DO NOT WRITE
IN THIS SPACE**

02/18/05-80021-008 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Lois Hayes** 2/15/05 (215) 766-8861

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