

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006719

FILED  
Jan 24, 2007  
Secretary of State

Entity Name: SCOTT SPECIALTY GASES, INC.

## Current Principal Place of Business:

6141 EASTON RD  
PLUMSTEADVILLE, PA 18949

## New Principal Place of Business:

## Current Mailing Address:

6141 EASTON RD  
PLUMSTEADVILLE, PA 18949

## New Mailing Address:

FEI Number: 23-1574677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MERZ JR, J F  
Address: 2060 TWINBROOK RD  
City-St-Zip: BERWYN, PA

Title: V ( ) Delete  
Name: SQUIRES, ROBERT  
Address: 517 NOB HILL  
City-St-Zip: PERKASIE, PA 18944

Title: AS ( ) Delete  
Name: ZIEGLER, ALICE  
Address: 36 VALLEY VIEW  
City-St-Zip: MILFORD, NJ 08848

Title: D ( ) Delete  
Name: PRESTON, SEYMOUR S  
Address: 330 DUTTON MILL RD  
City-St-Zip: WEST CHESTER, PA 19380

Title: T ( ) Delete  
Name: HAYES, LOIS  
Address: 104 SUNSET DRIVE  
City-St-Zip: RICHBORO, PA 18954

Title: D ( ) Delete  
Name: GOMEZ, LUIS A  
Address: 1900 WEST OLNEY AVE.  
City-St-Zip: PHILADELPHIA, PA 19141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: HAYES, LOIS  
Address: 6141 EASTON ROAD  
City-St-Zip: PLUMSTEADVILLE, PA 18949

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS HAYES

T

01/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date