

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90056 024 ***150.00

DOCUMENT # L51433
1. Entity Name NUCO2 INC. ✓

DO NOT WRITE IN THIS SPACE

90068127

2. Principal Place of Business 2800 SE MARKET PLACE Suite, Apt. #, etc.	3. Mailing Address 2800 SE MARKET PLACE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State STUART, FLORIDA	City & State STUART, FLORIDA	4. FEI Number 65-0180800	Applied For <input type="checkbox"/> Not Applicable
Zip 34997	Country MARTIN	Zip 34997	Country MARTIN
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ERIC M WECHSLER
Street Address (P.O. Box Number is Not Acceptable) 2800 SE MARKET PLACE
City STUART
FL Zip Code 34997

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D, PRES	NAME MICHAEL E. DEDOMENICO	TITLE	
STREET ADDRESS 2800 SE MARKET PLACE	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP STUART, FLORIDA 34997	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE VP, CFO	NAME ROBERT R. GALVIN	TITLE	
STREET ADDRESS 2800 SE MARKET PLACE	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP STUART, FLORIDA 34997	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE S	NAME ERIC M. WECHSLER	TITLE	
STREET ADDRESS 2800 SE MARKET PLACE	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP STUART, FLORIDA 34997	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE D	NAME ROBERT FROME	TITLE	
STREET ADDRESS 200 E. 74TH STREET	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP NEW YORK, NY 10021	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/03

772-221-1754

ROBERT R. GALVIN

CR2E034B (12/02)