## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P12592

Entity Name: AIRGAS - SOUTH, INC.

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
125 TOWNPARK DRIVE SUITE 400 KENNESAW, GA 301445880 US						
'			Ne	New Mailing Address:		
125 TOWNPARK DRIVE				•		
SUITE 400 KENNESAW, GA 301445880 US						
FEI Number: 52-1390683 FEI Number Applied For ( ) FEI Nu		FEI Numbe	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:			Al	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SULLIVAN, JAY	DRIVE SUITE 400	Ad	tle: ame: ldress: ty-St-Zip:	SULLIVAN, JAY	DRIVE SUITE 400
Title: Name: Address: City-St-Zip:	COHN, BRRETT	DRIVE SUITE 400	Na Ad	tle: ame: ldress: ty-St-Zip:	()(	Change ()Addition
Title: Name: Address: City-St-Zip:	SMYTH, THOMAS	DRIVE SUITE 400	Ad	tle: ame: ldress: ty-St-Zip:	SMYTH, THOMAS	DRIVE SUITE 400
Title: Name: Address: City-St-Zip:	BERTOLINO, DE	DRIVE SUITE 400	Ad	ile: ame: ldress: ty-St-Zip:	()(	Change ( ) Addition
Title: Name: Address: City-St-Zip:	CRAUN, TODD R	DRIVE SUITE 400	Ad	ile: ame: ldress: ty-St-Zip:	()(	Change()Addition
Title: Name: Address: City-St-Zip:	POWERS, SHAU	DRIVE SUITE 400	Ad	tle: ame: ldress: ty-St-Zip:	()(	Change ()Addition

I hereby certify that the information supplied with this filing does not qualify 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: MANDY.HENDRICKS@WOLTERSKLUWER.COM POA 03/18/2009