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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12607 (8)

1. Corporation Name
LIQUID CARBONIC INDUSTRIES CORPORATION



Principal Place of Business Mailing Address
~~800 JORIE BLVD~~ ~~OAK BROOK IL 60321~~ US
~~800 JORIE BLVD~~ ~~OAK BROOK IL 60321-2210~~ US

3. Date Incorporated or Qualified: 12/19/1986
3a. Date of Last Report: 01/25/1996
4. FEI Number: 36-3477278
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. % PRAXAIR INC.
22. 39 OLD RIDGEBURY RD
23. DANBURY CT
24. 06810
25. Country
26. % PRAXAIR, INC.
27. 39 OLD RIDGEBURY RD
28. DANBURY CT
29. 06810
30. Country

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KRAPF, SCOTT A	
STREET ADDRESS	800 JORIE BOULEVARD	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILLOUGHBY, CALVIN E	
STREET ADDRESS	800 JORIE BOULEVARD	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BURZYNSKI, WILLIAM J.	
STREET ADDRESS	800 JORIE BLVD	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DAWSON, RICHARD J.	
STREET ADDRESS	800 JORIE BLVD	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRAVTWEIN, JOHN H	
STREET ADDRESS	800 JORIE BLVD	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, LARRY A	
STREET ADDRESS	800 JORIE BLVD	
CITY-ST-ZIP	OAK BROOK IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDGAR G. HOTARD	
1.3 STREET ADDRESS	39 OLD RIDGEBURY RD.	
1.4 CITY-ST-ZIP	DANBURY CT 06810-5113	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID H. CHAIFETZ	
2.3 STREET ADDRESS	39 OLD RIDGEBURY RD.	
2.4 CITY-ST-ZIP	DANBURY CT 06810-5113	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES S. SAWYER	
3.3 STREET ADDRESS	39 OLD RIDGEBURY RD.	
3.4 CITY-ST-ZIP	DANBURY CT 06810-5113	
4.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S. MARK SEYMOUR	
4.3 STREET ADDRESS	39 OLD RIDGEBURY RD.	
4.4 CITY-ST-ZIP	DANBURY CT 06810-5113	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT A. BASSETT	
5.3 STREET ADDRESS	39 OLD RIDGEBURY RD.	
5.4 CITY-ST-ZIP	DANBURY CT 06810-5113	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARCIA A. REIFENHEISER	
6.3 STREET ADDRESS	39 OLD RIDGEBURY RD	
6.4 CITY-ST-ZIP	DANBURY CT 06810-5113	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: X *S. Mark Seymour* S. MARK SEYMOUR ASSISTANT TREASURER (203) 237-2048

CR2E034 (9/96)