SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10: 01

DOCUMENT # **P20686** **(2)**

1. Corporation Name
THE WEST COMPANY OF PENNSYLVANIA

Principal Place of Business	Mailing Address
101 GORDON DRIVE P.O. BOX 645 LIONVILLE PA 19341-0645	101 GORDON DRIVE P.O. BOX 645 LIONVILLE PA 19341-0645

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-1210010	☐ Applied For ☐ Not Applicable
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 paid for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☒ Change ☐ Addition
NAME	BENNYHOFF, GEORGE R.	12 NAME	
STREET ADDRESS	~~WEST BRIDGE STREET~~	13 STREET ADDRESS	101 Gordon Drive
CITY-ST-ZIP	~~PHOENIXVILLE PA~~	14 CITY-ST-ZIP	Lionville, Pa 19341-0645
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	ZIEGLER, VICTOR E	22 NAME	
STREET ADDRESS	~~WEST BRIDGE STREET~~	23 STREET ADDRESS	101 Gordon Drive
CITY-ST-ZIP	~~PHOENIXVILLE PA~~	24 CITY-ST-ZIP	Lionville, Pa 19341-0645
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	LAND, RAYMOND J	32 NAME	
STREET ADDRESS	~~WEST BRIDGE STREET~~	33 STREET ADDRESS	101 Gordon Drive
CITY-ST-ZIP	~~PHOENIXVILLE PA~~	34 CITY-ST-ZIP	Lionville, Pa 19341-0645
TITLE	PD	41 TITLE	☒ Change ☐ Addition
NAME	LITTLE, WILLIAM G	42 NAME	
STREET ADDRESS	~~WEST BRIDGE STREET~~	43 STREET ADDRESS	101 Gordon Drive
CITY-ST-ZIP	~~PHOENIXVILLE PA~~	44 CITY-ST-ZIP	Lionville, Pa 19341-0645
TITLE	T	51 TITLE	☒ Change ☐ Addition
NAME	HEUMANN, STEPHEN M	52 NAME	
STREET ADDRESS	~~WEST BRIDGE STREET~~	53 STREET ADDRESS	101 Gordon Drive
CITY-ST-ZIP	~~PHOENIXVILLE PA~~	54 CITY-ST-ZIP	Lionville, Pa 19341-0645
TITLE	V	61 TITLE	☒ Change ☐ Addition
NAME	PAPSO, ANNA MAE	62 NAME	
STREET ADDRESS	~~WEST BRIDGE STREET~~	63 STREET ADDRESS	101 Gordon Drive
CITY-ST-ZIP	~~PHOENIXVILLE PA~~	64 CITY-ST-ZIP	Lionville, Pa 19341-0645

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: Stephen M. Heumann 6-6-95 (610)594-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (area code & phone #)

0170233 FN