

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P20686 (2)

1. Corporation Name

THE WEST COMPANY OF PENNSYLVANIA



Principal Place of Business

101 GORDON DRIVE
P.O. BOX 645
LIONVILLE PA 19341-0645

Mailing Address

101 GORDON DRIVE
P.O. BOX 645
LIONVILLE PA 19341-0645

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/29/1988

3a. Date of Last Report

06/20/1995

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 liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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

Signature, typed or printed name of registered agent and date of signature

Signature, typed or printed name of registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	BENNYHOFF, GEORGE R.	
STREET ADDRESS	101 GORDON DR	
CITY-ST-ZIP	LIONVILLE PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZIEGLER, VICTOR E	
STREET ADDRESS	101 GORDON DR	
CITY-ST-ZIP	LIONVILLE PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAND, RAYMOND J	
STREET ADDRESS	101 GORDON DR	
CITY-ST-ZIP	LIONVILLE PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LITTLE, WILLIAM G	
STREET ADDRESS	101 GORDON DR	
CITY-ST-ZIP	LIONVILLE PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HEUMANN, STEPHEN M	
STREET ADDRESS	101 GORDON DR	
CITY-ST-ZIP	LIONVILLE PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAPSO, ANNA MAE	
STREET ADDRESS	101 GORDON DR	
CITY-ST-ZIP	LIONVILLE PA	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	19341-0645
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	19341-0645
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	19341-0645
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	19341-0645
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	19341-0645
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	19341-0645

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen M. Heumann

610 594-2900

(Type in Print)

4-3-96

CR2E034 (12/95)