

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20686

1. Corporation Name

WEST PHARMACEUTICAL SERVICES, INC.

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1988

5. FEI Number

23-1210010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	BENNYHOFF, GEORGE R.	101 GORDON DR	LIONVILLE PA
S	GAILEY, JOHN R III	101 GORDON DR	LIONVILLE PA 45
CFOV	ELLERS, STEVEN A ALTEMUS, LINDA	101 GORDON DR 101 GORDON DRIVE	LIONVILLE PA LIONVILLE PA
PD	LITTLE, WILLIAM G	101 GORDON DR	LIONVILLE PA
T	HEUMANN, STEPHEN M ANDERSON MICHAEL	101 GORDON DR 101 GORDON DRIVE	LIONVILLE PA LIONVILLE PA 19341
V	PAPSO, ANNA MAE	101 GORDON DR	LIONVILLE PA

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAY
PLANTATION FL 33324
TALAHASSEE, FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

UBR

TO

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Camelia Simpson

Authorized Representative

Date 10/25/02

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/02

Date

610-594-8358

Daytime Phone #



GLOBAL HEADQUARTERS
101 Gordon Drive • Lionville, PA 19341
TEL 610-594-2900 • FAX 610-594-3000
www.westpharma.com

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October 25, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: West Pharmaceutical Services, Inc.
23-1210010
Application for Reinstatement of
Administrative Dissolution

Document # P20686

Gentlemen:

In accordance with the instructions attached to the application for reinstatement, I do hereby **certify that, to the best of my knowledge, we never received the appropriate forms for the annual report filing.**

We hereby request reinstatement, and accordingly enclose all applicable fees and applications to accomplish that. Should you have any additional questions, please contact:

Charles E. Etzler
State Tax Manager
West Pharmaceutical Services, Inc
610.594.3358

We appreciate your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael A. Anderson".

Michael A. Anderson
VP- Treasurer