FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90169 008 ***150.00

DOCUMENT # P22030

1. Corporation Name
PRAXAIR SURFACE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
STATE INCOME TAXES - L2 39 OLD RIDGEBURY ROAD DANBURY CT 06810-5113	STATE INCOME TAXES - L2 39 OLD RIDGEBURY ROAD DANBURY CT 06810-5113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1988

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 24 Country 25	Zip 29 Country 30

4. FEI Number: 06-1249524 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

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	CEOD	☒ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	HOTARD, E G		1.2 NAME	JOHN A. CLERICO	
STREET ADDRESS	39 OLD RIDGEBURY ROAD		1.3 STREET ADDRESS	39 OLD Ridgebury Rd	
CITY-ST-ZIP	DANBURY CT 06810-5113		1.4 CITY-ST-ZIP	Danbury CT 06810	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VON KRANNICHFELDT, THOMAS W		2.2 NAME		
STREET ADDRESS	1500 POLCO STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46224		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BASSETT, R A		3.2 NAME		
STREET ADDRESS	39 OLD RIDGEBURY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	DANBURY CT 06810-5113		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REIFENHEISER, MARCIA A		4.2 NAME		
STREET ADDRESS	39 OLD RIDGEBURY ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DANBURY CT 06810-5113		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SAWYER, JAMES S		5.2 NAME		
STREET ADDRESS	39 OLD RIDGEWAY RAOD		5.3 STREET ADDRESS		
CITY-ST-ZIP	DANBURY CT 06810-5113		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VIPOND, J.R. J		6.2 NAME		
STREET ADDRESS	39 OLD RIDGEWAY ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	DANBURY CT 06810-5113		6.4 CITY-ST-ZIP		

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/29/99 203-837-2035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)