

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 009 \*\*\*150.00

DOCUMENT # **P22052**

1. Corporation Name  
**PRAXAIR, INC.**



Principal Place of Business  
39 OLD RIDGEBURY ROAD  
STATE INCOME TAXES F-3  
DANBURY CT 06817-0001

Mailing Address  
39 OLD RIDGEBURY ROAD  
STATE INCOME TAXES F-3  
DANBURY CT 06817-0001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1988

4. FEI Number

06-1249050

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME HOTARD, E.G.  
STREET ADDRESS 39 OLD RIDGEBURY RD.  
CITY-ST-ZIP DANBURY CT

TITLE V ☐ DELETE  
NAME BILEK, P.J.  
STREET ADDRESS 1500 ROLCO STREET  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE AS ☐ DELETE  
NAME BASSETT, R.A.  
STREET ADDRESS 39 OLD RIDGEBURY ROAD  
CITY-ST-ZIP DANBURY CT

TITLE VD ☐ DELETE  
NAME CLERICO, J.A.  
STREET ADDRESS 39 OLD RIDGEBURY RD.  
CITY-ST-ZIP DANBURY CT

TITLE VT ☐ DELETE  
NAME SAWYER, J.S.  
STREET ADDRESS 39 OLD RIDGEBURY RD.  
CITY-ST-ZIP DANBURY CT

TITLE DCP ☐ DELETE  
NAME FREY, D. F  
STREET ADDRESS 3003 SUMMER ST  
CITY-ST-ZIP STANFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME ☒ David Charletz  
1.3 STREET ADDRESS 39 Old Ridgebury Rd  
1.4 CITY-ST-ZIP Danbury CT 06810

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME ☒ Bilek, P.J.  
2.3 STREET ADDRESS 39 Old Ridgebury Rd  
2.4 CITY-ST-ZIP Danbury CT 06810

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)