

ACCOUNT NO. : 072100000032

REFERENCE : 134884

4376365...

AUTHORIZATION

COST LIMIT

\$ 35.100 Lucia

ORDER DATE : February 15, 1999

ORDER TIME : 11:55 AM

ORDER NO. : 134884

CUSTOMER NO: 4376365

CUSTOMER: Kim Thelman, Esq

The West Company 101 Gordon Drive

Lionville, PA 19341

400002781044--5

Change

## CHANGE OF AGENT

NAME: WEST PHARMACEUTICAL SERVICES

OF FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX \_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

SPEED PHI2: 54
0170ARTHENT OF STATE
INTRINATIONS
TALLAMASSEE, FLORIDA

File 4th

## \*Florida Department of State, Sandra B. Mortham, Secretary of State \* \* \* FILING FEE: \$35.00 \* \* \*

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 6 undersigned corporation organized under the laws of the State	
submits the following statement in order to change its register State of Florida.	
1. The name of the corporation is: WEST PHARMACEUTICAL S	ERVICES OF FLORIDA, INC.
2. The mailing address of the corporation is:	
3. Date of incorporation/qualification: 7/19/93	Document number: P93: 000051704
4. The name and address of the current registered agent and of	fice:
CT Corporation System	AFORE F
1200 S. Pine Island Road	HASSE E
5. The name and address of the new registered agent and offic	e: (P. O. Box Not Acceptable)
Corporation Service Company	# 29
1201 Hays Street	<del></del>
Tallahassee, FL 32301  The street address of its registered office and the street addagent, as changed, will be identical.	ress of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an officer so
(Signature of an officer, charman or vice chairman of the board)	February 16, 1999 (Date)
Stephen J. White, Vice President	February 16, 1999
(Printed or typed name and title) Having been named as registered agent and to accept serv corporation, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and acceregistered agent.	(Date) ice of process for the above stated I agent and agree to act in this capacity. Trelative to the proper and complete The obligation of my position as
Corporation Service Company (Signature of Registered Agent)	Q-17-99 (Date)
If signing on behalf of an entity:	- -
Sylvia M. White, as its agent (Typed or Printed Name)	(Capacity)