

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051704

FILED
May 01, 2006
Secretary of State

Entity Name: WEST PHARMACEUTICAL SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

11600 53RD ST N
CLEARWATER, FL 34670 US

New Principal Place of Business:

Current Mailing Address:

101 GORDON DR
C/O TAX DEPARTMENT
LIONVILLE, PA 19341

New Mailing Address:

FEI Number: 52-1834733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GAILEY, JOHN
Address: 101 GORDON DR
City-St-Zip: LIONVILLE, PA 19341

Title: V () Delete
Name: ANDERSON, MICHAEL A
Address: 101 GORDON DR
City-St-Zip: LIONVILLE, PA 19341

Title: P () Delete
Name: MCCLEERY, FRED
Address: 11600 53RD ST N
City-St-Zip: CLEARWATER, FL 34670 US

Title: T () Delete
Name: BARTLES, GWEN
Address: 11600 53RD ST N
City-St-Zip: CLEARWATER, FL 34670 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ANDERSON

VP

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date