

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005550

**Entity Name:** AIRGAS USA, LLC

**Current Principal Place of Business:**

259 N. RADNOR-CHESTER ROAD  
SUITE 100  
RADNOR, PA 19087

**FILED**  
**Apr 13, 2013**  
**Secretary of State**  
**CC8143692337**

**Current Mailing Address:**

259 N. RADNOR-CHESTER ROAD  
SUITE 100  
RADNOR, PA 19087 US

**FEI Number:** 45-3153734

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           MCCAUSLAND, PETER  
Address        259 N. RADNOR-CHESTER ROAD  
                  SUITE 100  
City-State-Zip: RADNOR PA 19087

Title           MANAGER  
Name           MCLAUGHLIN, ROBERT M.  
Address        259 N. RADNOR-CHESTER ROAD  
                  SUITE 100  
City-State-Zip: RADNOR PA 19087

Title           MANAGER  
Name           MOLININI, MICHAEL L.  
Address        259 N. RADNOR-CHESTER ROAD  
                  SUITE 100  
City-State-Zip: RADNOR PA 19087

Title           MANAGING MEMBER  
Name           AIRGAS, INC.  
Address        259 N. RADNOR-CHESTER ROAD  
                  SUITE 100  
City-State-Zip: RADNOR PA 19087

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AIRGAS, INC.

**MANAGING MEMBER**

**04/13/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date