# 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F0500002736

Entity Name: AIRGAS SPECIALTY PRODUCTS, INC.

# **Current Principal Place of Business:**

2530 SEVER ROAD SUITE 300 LAWRENCEVILLE, GA 30043

# **Current Mailing Address:**

2530 SEVER ROAD SUITE 300 LAWRENCEVILLE, GA 30043 US

# FEI Number: 20-2529374

### 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

### **Officer/Director Detail :**

| Title           | DIRECTOR                               | Title           | DIRECTOR                                    |
|-----------------|--|-----------------|---|
| Name            | CICHOCKI, ANDREW R.                    | Name            | SMYTH, THOMAS M.                            |
| Address         | 259 N. RADNOR-CHESTER ROAD, STE<br>100 | Address         | AIRGAS, INC.<br>259 N. RADNOR-CHESTER ROAD, |
| City-State-Zip: | RADNOR PA 19087                        | City-State-Zip: | SUITE 100<br>RADNOR PA 19087                |
| Title           | DIRECTOR                               |                 |   |
| Name            | WEHNER, MARTIN J.                      | Title           | SECRETARY                                   |
| Address         | 2530 SEVER ROAD                        | Name            | LIN, LOLA                                   |
| City-State-Zip: | LAWRENCEVILLE GA 30043                 | Address         | 259 N. RADNOR-CHESTER ROAD, STE 100         |
| Title           | PRESIDENT                              | City-State-Zip: | RADNOR PA 19087                             |
| Name            | SULLIVAN, JOSEPH PATRICK JR.           |                 |   |
| Address         | 2530 SEVER ROAD<br>SUITE 300           |                 |   |
| City-State-Zip: | LAWRENCEVILLE GA 30043                 |                 |   |
|                 |  |                 |   |

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 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 all other like empowered.

#### SIGNATURE: LOLA LIN

SECRETARY

04/09/2018

Date

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 09, 2018 Secretary of State CC3731209605

Certificate of Status Desired: No