

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000002736

**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

**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

**Officer/Director Detail :**

Title	VP, DIRECTOR
Name	SMYTH, THOMAS M.
Address	2530 SEVER ROAD SUITE 300
City-State-Zip:	LAWRENCEVILLE GA 30043
Title	SECRETARY
Name	YOUNG, ROBERT H. JR.
Address	2530 SEVER ROAD SUITE 300
City-State-Zip:	LAWRENCEVILLE GA 30043

Title	PRESIDENT, DIRECTOR
Name	WEHNER, MARTIN
Address	2530 SEVER ROAD SUITE 300
City-State-Zip:	LAWRENCEVILLE GA 30043
Title	CFO
Name	TREPASSO, GRACE
Address	2530 SEVER ROAD 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:** THOMAS M. SMYTH

**VICE PRESIDENT**

**04/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date