

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001925

**Entity Name:** AIRGAS DORAL, INC.**Current Principal Place of Business:**C/O AIRGAS, INC., 259 N. RADNOR-CHESTER ROAD, SUIT  
RADNOR, PA 19087**Current Mailing Address:**C/O AIRGAS, INC., 259 N. RADNOR-CHESTER ROAD, SUIT  
RADNOR, PA 19087 US**FEI Number:** 81-1745164**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 ASSISTANT SECRETARY  
Name COOK, JAMES E.  
Address C/O AIRGAS, INC., 259 N. RADNOR-CHESTER ROAD, SUIT  
City-State-Zip: RADNOR PA 19087

Title VP  
Name FORD, JAMES  
Address 9030 NW 58TH STREET  
City-State-Zip: DORAL FL 33178

Title SECRETARY  
Name LIN, LOLA  
Address 259 N. RADNOR-CHESTER ROAD, STE 100  
City-State-Zip: RADNOR PA 19087

Title DIRECTOR  
Name SHEEHAN, JOHN F.  
Address 5249 TAMPA WEST BLVD  
City-State-Zip: TAMPA FL 33634

Title VP  
Name DOUGLAS, KYLE  
Address 9030 NW 58TH STREET  
City-State-Zip: DORAL FL 33178

Title VP  
Name ROBERTSON, EDWIN  
Address 9030 NW 58TH STREET  
City-State-Zip: DORAL FL 33178

Title DIRECTOR  
Name SULLIVAN, LEO JAY  
Address 2015 VAUGHN ROAD BUILDING 400  
City-State-Zip: KENNESAW GA 30144

Title VP  
Name SULLIVAN, LEO JAY  
Address 2015 VAUGHN ROAD BUILDING 400  
City-State-Zip: KENNESAW GA 30144

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*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****04/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	PRESIDENT
Name	SHEEHAN, JOHN F.
Address	5249 TAMPA WEST BLVD
City-State-Zip:	TAMPA FL 33634