

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14220

Entity Name: MATHESON TRI-GAS, INC.

Current Principal Place of Business:

150 ALLEN ROAD
SUITE 302
BASKING RIDGE, NJ 07920

Current Mailing Address:

150 ALLEN ROAD
SUITE 302
BASKING RIDGE, NJ 07920

FEI Number: 74-2460354

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 EVP, DIRECTOR
Name NIWA, YOSHIYUKI
Address 150 ALLEN ROAD
SUITE 302
City-State-Zip: BASKING RIDGE NJ 07920

Title SECRETARY
Name STROUD, STEPHEN I
Address 150 ALLEN ROAD
SUITE 302
City-State-Zip: BASKING RIDGE NJ 07920

Title PRESIDENT, CEO, DIRECTOR
Name KALLMAN, THOMAS S
Address 909 LAKE CAROLYN PARKWAY
City-State-Zip: IRVING TX 75039

Title ASST SECRETARY
Name MOLNAR, JOHN B
Address 150 ALLEN ROAD
SUITE 302
City-State-Zip: BASKING RIDGE NJ 07920

Title EVP, DIRECTOR
Name FOSTER, STEVE
Address 909 LAKE CAROLYN PARKWAY
1300
City-State-Zip: IRVING TX 75039

Title TREASURER
Name YOTUMOTO, YOSUKE
Address 150 ALLEN ROAD
SUITE 302
City-State-Zip: BASKING RIDGE NJ 07920

Title DIRECTOR
Name ICHIHARA, YUJIRO
Address 1-3-26 KOYAMA, SHINAGAWA-KU
City-State-Zip: TOKYO

Title DIRECTOR
Name KOBAYASHI, KUNIHIRO
Address 1-3-26 KOYAMA, SHINAGAWA-KU
City-State-Zip: TOKYO

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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: STEPHEN I STROUD

SECRETARY

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GARCIA, FRANCISCO
Address 909 LAKE CAROLYN PARKWAY
 SUITE 1300
City-State-Zip: IRVING TX 75039