

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20686

**Entity Name:** WEST PHARMACEUTICAL SERVICES, INC.**Current Principal Place of Business:**101 GORDON DRIVE  
LIONVILLE, PA 19341**Current Mailing Address:**101 GORDON DRIVE  
LIONVILLE, PA 19341 US**FEI Number:** 23-1210010**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	VPT
Name	ANDERSON, MICHAEL A
Address	101 GORDON DR
City-State-Zip:	LIONVILLE PA 19341

Title	GC
Name	GAILEY, JOHN RIII
Address	101 GORDON DR
City-State-Zip:	LIONVILLE PA 19341

Title	CEOC
Name	MOREL, DONALD EJR
Address	101 GORDON DR
City-State-Zip:	LIONVILLE PA 19341

Title	D
Name	HOFMANN, THOMAS W
Address	101 GORDON DR
City-State-Zip:	LIONVILLE PA 19341

Title	D
Name	WEILAND, JOHN H
Address	101 GORDON DR
City-State-Zip:	LIONVILLE PA 19341

Title	SECRETARY
Name	GAILEY III, JOHN R
Address	101 GORDON DRIVE
City-State-Zip:	LIONVILLE PA 19341

*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: JOHN R GAILEY III****SECRETARY****04/23/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date