

| No. 029341 | Idaho Corporation Annual Report Form Due No Later Than November 1, 1987 | | 2. Registered Agent and Office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--------------|------------|-------------|-------------------------------|-------------|--------------|------------|------------|---------------|--|--------|----|-------|------------|--------------|---|--|--|--|------------|--|--|--|--|--|--|---------------|---|--|--|--|--|-------------|---|--|--|--|--|--------------|---|--|--|--|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 87 OCT 14 AM 9 15 | 1. Mailing Address — Please Correct 029341 | | CT CORPORATION 300 NORTH 6TH STREET BOISE ID 83701 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | NATIONAL CYLINDER GAS COMPANY J. A. BARBERA CORP TRUST CTR, 1209 ORANGE ST WILMINGTON, DELAWARE 19801 | | 3. Incorporated Under The Laws of STATE OF DELAWARE ENTERED OCT 15 1987 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>J. A. BARBERA</td> <td>CORPORATION TRUST CENTER, 1209 Orange St.,</td> <td>Wilm.,</td> <td>DE</td> <td>19801</td> </tr> <tr> <td>Secretary:</td> <td>A. D. ATWELL</td> <td>"</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>J. A. BARBERA</td> <td>"</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>A .M. HORNE</td> <td>"</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>A. D. ATWELL</td> <td>"</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President: | J. A. BARBERA | CORPORATION TRUST CENTER, 1209 Orange St., | Wilm., | DE | 19801 | Secretary: | A. D. ATWELL | " | | | | Directors: | | | | | | | J. A. BARBERA | " | | | | | A .M. HORNE | " | | | | | A. D. ATWELL | " | | | |
| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| President: | J. A. BARBERA | CORPORATION TRUST CENTER, 1209 Orange St., | Wilm., | DE | 19801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | A. D. ATWELL | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | J. A. BARBERA | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A .M. HORNE | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A. D. ATWELL | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business BUSSINESS HAS NOT COMMENCED | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | true, correct and complete. | | M. A. Ferrucci | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature | | 10/7/87 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name (Typed or Printed) | | M. A. FERRUCCI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Date VICE PRESIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |