

**CORPORATE  
ACCESS,  
INC.**

# F00000001834

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP 4/3/00



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR -3 AM 11:51

CERTIFIED COPY \_\_\_\_\_

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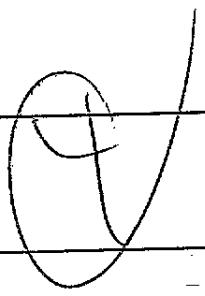
1.) Schoeller Wavin Systems, Inc.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

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3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)



5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

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00 APR -3 AM 9:37  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS \_\_\_\_\_

NIC 4/3

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED STATE DEPARTMENT OF CORPORATIONS  
ON 15/03/00  
DPS/PR-3 AM 11:54

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Schoeller Wavin Systems, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. 59-363-4227  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/09/00 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Has not yet been transacted business in Florida  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5401 West Kennedy Street, Suite 711  
Tampa, Florida 33609  
(Current mailing address)

8. Container Services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Nancy J. Sanders

Office Address: 5401 West Kennedy Street, Suite 711

Tampa, Florida, Florida, 33609  
(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Nancy J. Sanders  
Nancy J. Sanders  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: Stefan Eylert

Address: 5401 West Kennedy Street, Suite 711

Tampa, Florida 33609

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Rene Wolfkamp

Address: 5401 West Kennedy Street, Suite 711

Tampa, Florida 33609

Director: Erik de Bokx

Address: 5401 West Kennedy Street, Suite 711

Tampa, Florida 33609

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Stefan Eylert

Address: 5401 West Kennedy Street, Suite 711

Tampa, Florida 33609

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Nancy J. Sanders

Address: 5401 West Kennedy Street, Suite 711

Tampa, Florida 33609

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Nancy J. Sanders, Secretary Nancy J. Sanders  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR -3 AM 11:54

State of Delaware  
Office of the Secretary of State

PAGE 1

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DIVISION OF CORPORATIONS  
00 APR -3 AM 11:54

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCHOELLER WAVIN SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCHOELLER WAVIN SYSTEMS, INC." WAS INCORPORATED ON THE NINTH DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



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*Edward J. Freel*

Edward J. Freel, Secretary of State

AUTHENTICATION:

0348400

DATE:

03-29-00