


**2007 FOR PROFIT CORPORATION  
REINSTATEMENT**

FILED

07 NOV -8 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F0000001834			
1. Entity Name SCHOELLER WAVIN SYSTEMS, INC.			
Principal Place of Business 4927 95TH STREET D TACOMA, WA 98499		Mailing Address P.O BOX 99057 LAKEWOOD, WA 98499 09	
2. Principal Place of Business - No P.O. Box If 3000 Towncenter Drive Suite 620 Southfield, MI Zip 48075 Country USA		3. Mailing Address 3000 Towncenter Drive Suite 620 Southfield, MI Zip 48075 Country USA	
4. FEI Number 59-3634227		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MEIJERINK, JAN 4927 95TH STREET SW D TACOMA, FL 98499		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Shirley McElilly, Assist. Sec.</u> DATE: <u>10/22/07</u> <small>(Signature, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEIJERINK, JAN 4927 95TH STREET SW SUITE D TACOMA, WA 98499 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000112133600 11/08/07--01061--021 ***258.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFKAMP, RENE 4927 95TH STREET SW SUITE D TACOMA, WA 98499 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WolfKamp, Rene 3000 Towncenter Dr. Ste. 620 Southfield, MI 48075 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE BOLEX, ERIK 4927 95TH STREET SW SUITE D TACOMA, WA 98499 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BoKx, Erik de 3000 Towncenter Dr. Ste. 620 Southfield, MI 48075 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINNA, KATI 4927 95TH STREET SW SUITE D TACOMA, WA 98499 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Linna, Kati 3000 Towncenter Dr. Ste. 620 Southfield, MI 48075 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Kati Linna</u> PRESIDENT		DATE: <u>10/23/07</u> (248)355-3000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

*[Handwritten signature]*

REINSTATEMENT 2007  
10122007 REIN-PT CR2ED08 (1/07)