F01000004628

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LISEC AMERICA, INC.		
(Name of corporation - must include suffix)		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
Bob Quast		
Bob Quast S000045199358		
Lisec America, Inc08/06/01-01119-011 *****87.50 *****87.50		
(Firm/Company)		
3225 Neil Avenstvony Blod. #860 W61-18296 (Address)		
(Address)		
(Address) Eagan, MN. 5512) (City/State and Zip code)		
(City/State and Zip code)		
For further information concerning this matter, please call: 500045199358 -08/30/0101040005 ****2300.00 ****2300.00		
Bob Quast at (651) 686-9080		
(Name of Person) at (651) 686-9080 (Area Code & Daytime Telephone Number)		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc		



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 8, 2001

BOB QUAST 3225 NEIL ARMSTRONG BLVD., #800 EAGAN, MN 55121

SUBJECT: LISEC AMERICA, INC. Ref. Number: W01000018290

We have received your document for LISEC AMERICA, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2300.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation begands transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 of 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 901A00045478

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.
I . I . T
(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. <u>DELAWARE</u> 3. 41-1920002
2. <u>DELAWALE</u> (State or country under the law of which it is incorporated) 3. <u>41-1920002</u> (FEI number, if applicable)
4. Q-25-98 (Date of incorporation) 5. Dev poe tuc (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
5
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
Principal office address) [PAGAN, MN 55/2]
(Principal office address)
EAGAN, NIN 55/21
(Current mailing address)
· · · · · · · · · · · · · · · · · · ·
WHOLESALE GLASS MANUFACTURING EQUIPMENT, PARTS & SERVICE
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(Furpose(s) or corporation authorized in home state or country to be carried out in state of Florida)
Name and street address of Florida maintains a
Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name and street address of Florida maintains a
Name: NRAI Sevoices, Inc.
Name: NRAI Sevoices, Inc.
Name: NRAI Services, Inc. Office Address: 536 & Park Acreuse
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Name: NRAI Services, Inc.
Name: NRAI Services, Inc. Office Address: 536 & Park Aceuse (City) OR Registered agent's acceptance: (P.O. Box or Mail Drop Box NOT acceptance) Tollabassee (City) OR Registered agent's acceptance:
Name: NRAI Services, Inc. Office Address: 536 & Park Aceuse (City) ORegistered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place.
Name: NRAI Services, Inc. Office Address: 536 & Park Areane (City) O. 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.
Name: NR AI Services, Inc. Office Address: 536 & Park Areane Tallabassee (City) O. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. For the proper and complete performance of my further agree to comply with the provisions of all statutes relative to the proper and complete performance of my further agree to comply with the provisions of all statutes relative to the proper and complete performance of my further agree to comply with the provisions of all statutes relative to the proper and complete performance of my
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Name: NR AI Services, Inc. Office Address: 536 & Park Areane Tallabassee (City) O. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. For the proper and complete performance of my further agree to comply with the provisions of all statutes relative to the proper and complete performance of my further agree to comply with the provisions of all statutes relative to the proper and complete performance of my further agree to comply with the provisions of all statutes relative to the proper and complete performance of my

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 business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Peterlisec	
Address: 34 Balanhofstrasse	
A-3363 Hassemenias Ameletten, Austria	
Vice Chairman:	
Address:	
Director: 1-tubert Huselsteiner	
Address: 3225 No. 1 times trany Bld. #800	
Eggan MN 55121	
Director: treshood Sonaleitur	
Address: 34 Balubot strasse	
A-3363 Hausmening-Amstathen fustria	
B. OFFICERS	
President: Huhert Haselsteiner	
Address: 3225 Neldonstag Blud, #800	7, 0
Eugen, W.N. 3512)	ALL.
Vice President: buy De Weese	HAS S
Address: 2225 Neil Armstray Blud., #800	SEE,
Eagen, WN. 55121	FLO
Secretary:	NIDA RIDA
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	onal officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in nur	mbo 10 of the annuli attention
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14. Gree De Wese 1 Vice - President (Typed or printed name and capacity of person signing app	lication)

State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LISEC AMERICA, 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 FIRST DAY OF JUNE, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HERÉBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

O1 AUG 31 AM II: 03
SECRETARY OF STATE



Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 1166108

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010263753

DATE: 06-01-01