

F03000003728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

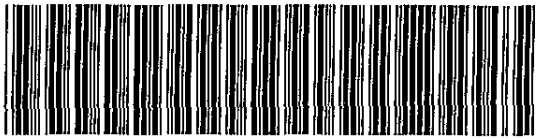
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DIVISION OF CORPORATIONS  
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*LR 7/28*

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Balax, 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:

Stephen Brill (Name of Person) W03-17743

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Balax, Inc. (Firm/Company)

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P. O. Box 96 (Address)

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North Lake, WI 53064 (City/State and Zip code)

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For further information concerning this matter, please call:

Stephen Brill at ( 262 ) 966-2355  
 (Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
 Registration Section  
 Division of Corporations  
 409 E. Gaines St.  
 Tallahassee, FL 32399

**MAILING ADDRESS:**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 20, 2003

STEPHEN BRILL  
BALAX, INCORPORATED  
P.O. BOX 96  
NORTH LAKE, WI 53064

SUBJECT: BALAX, INCORPORATED  
Ref. Number: W03000017743

We have received your document for BALAX, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In line 8, please give a basic description of the type of business the corporation will be carrying out in Florida.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 903A00037985

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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.

1. Balax, 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. Wisconsin 3. 39-0980611 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 10, 1959 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2003 (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.)

7. W305 N7597 Hwy. E, North Lake, WI 53064 (Principal office address)

P. O. Box 96 North Lake, WI 53064 (Current mailing address)

8. administration / consulting on manufacturing issues in the Wisconsin plant via phone. (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: James P. Hall

Office Address: 1526 Hermitage Lane

Cape Coral, Florida 33914 (City) (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.

[Handwritten signature of James P. Hall] (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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Vice - Chairman: James P. Hall  
Address: 1526 Hermitage Lane  
Cape Coral, Florida 33914  
Vice Chairman: Thomas W. McClure  
Address: 2815 Lancaster Ct.  
Brookfield, WI 53045  
Director: Donna C. Hall  
Address: 1526 Hermitage Lane  
Cape Coral, Florida 33914  
Director: Jennifer L. McClure  
Address: 2815 Lancaster Ct.  
Brookfield, WI 53045

B. OFFICERS

Vice-President: James P. Hall  
Address: (Same as above)  
Vice President: Thomas W. McClure  
Address: (Same as above)  
Secretary: Thomas W. McClure  
Address: \_\_\_\_\_  
Treasurer: James P. Hall  
Address: \_\_\_\_\_

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03 JUL 28 PM 2:02

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

13. Thomas W. McClure  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas McClure - Vice Chairman  
(Typed or printed name and capacity of person signing application)

DOM  
180 181 185

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting: —

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions do hereby certify that

BALAX, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation NOVEMBER 10, 1959.

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I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on July 22, 2003.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator  
Division of Corporate & Consumer Services  
Department of Financial Institutions

BY: Patricia Weber

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Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.