

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 MAR 18 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F03000005984**

1. Corporation Name
Nedcon USA, Inc.

2. Principal Office Address
136 Harrison Avenue

3. Mailing Office Address
P.O. Box 708

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Harrison, OH

City & State
Harrison, OH

Zip Country
45030 Hamilton

Zip Country
45030 Hamilton

4. Date Incorporated or Qualified
To Do Business in Florida 12/3/2003

5. FEI Number
36-4132655

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

100048983251
03/23/05--01014--015 **150.00

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

100048983251
03/23/05--01014--016 **150.00

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Jeffrey R. Graves
REGISTERED AGENT MUST SIGN
Assistant Secretary

Date 3/17/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		

REINSTATEMENT 04-05

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
B. van Went, Vice President

2-28-05

Date

513-367-2656

Daytime Phone #

List of Directors and Officers

of

**Nedcon USA, Inc.
a Delaware corporation**

Directors:

Leen-Pieter de Jong
Postbus 35
NL-7000 AA Doetinchem
The Netherlands

Pieter Smit
Postbus 35
NL-7000 AA Doetinchem
The Netherlands

Officers:

Pieter Smit
President
Postbus 35
NL-7000 AA Doetinchem
The Netherlands

B. van Went
Vice President
136 Harrison Ave.
P.O. Box 708
Harrison, Ohio 45030

D. J. H. Lansink
Secretary and Treasurer
Postbus 35
NL-7000 AA Doetinchem
The Netherlands

Dieter A. Schmitz
Assistant Secretary
130 E. Randolph Dr., Suite 3500
Chicago, Illinois 60601