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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

General American Distributors, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$70.00

Electronic Filing Menu Corporate Filing Public Access Help

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.

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1. General American Distributors, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri
(State or country under the law of which it is incorporated)

3. 43-1906210
(FEI number, if applicable)

4. 10/03/2000
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(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. 13045 Tesson Ferry Rd., St. Louis, MO 63128
(Principal office address)

same
(Current mailing address)

8. See Attachment
(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: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island

Plantation (City), Florida 33324 (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.

C T Corporation System

By: _____
(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 business addresses of officers and/or directors:**

A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

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CORPORATIONS
TALLAHASSEE, FLORIDA

B. OFFICERS *SEE ATTACHMENT*

President: Leslie Sutherland

Address: 13045 Tesson Ferry Rd.

St. Louis, MO 63128

Vice President: Dennis Capriglione

Address: 13045 Tesson Ferry Rd.

St. Louis, MO 63128

Secretary: Dennis Capriglione

Address: 13045 Tesson Ferry Rd. St. Louis, MO 63128

Treasurer: James W. Koeger

Address: 13045 Tesson Ferry Rd. St. Louis, MO 63128

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

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. Leslie Sutherland, President
(Typed or printed name and capacity of person signing application)

Attachment to Florida

Purpose Clause

To exercise any and all of the powers granted to corporations by the laws of this state as they now exist or may hereafter be amended

Officers & Directors

1.	Full Name:	Leslie Sutherland
	Officer/Director:	Officer
	Officer's Title:	President
	Business Address:	13045 Tesson Ferry Rd.
	City:	St. Louis
	State:	MO
	ZIP Code:	63128
2.	Full Name:	Dennis Capriglione
	Officer/Director:	Officer
	Officer's Title:	Vice President, Secretary and General Counsel
	Business Address:	13045 Tesson Ferry Rd.
	City:	St. Louis
	State:	MO
	ZIP Code:	63128
3.	Full Name:	John E. Petersen
	Officer/Director:	Officer
	Officer's Title:	Vice President
	Business Address:	13045 Tesson Ferry Rd.
	City:	St. Louis
	State:	MO
	ZIP Code:	63128
4.	Full Name:	James W. Koeger
	Officer/Director:	Officer
	Officer's Title:	Treasurer
	Business Address:	13045 Tesson Ferry Rd.
	City:	St. Louis
	State:	MO
	ZIP Code:	63128
5.	Full Name:	Leslie Sutherland
	Officer/Director:	Director
	Officer's Title:	
	Business Address:	13045 Tesson Ferry Rd.
	City:	St. Louis
	State:	MO
	ZIP Code:	63128

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STATE OF MISSOURI

Matt Blunt
Secretary of State

CORPORATION DIVISION

CERTIFICATE OF GOOD STANDING

I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

GENERAL AMERICAN DISTRIBUTORS, INC.
00488553

was created under the laws of this State on the 3rd day of October, 2000, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 15th day of June, 2004

Secretary of State

Certification Number: 6785795-1 Reference:
Verify this certificate online at http://www.sos.mo.gov/businessentity/verification