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(Re	equestor's Name)				
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COVER LETTER

TO:	Registration S Division of C					
SUBJ	ECT:	KROHNE	INC			
		(Name	of corporat	ion - must include suffix	:)	
Déar S	Sir or Madam:			•		•
"Certi		ice," and check are		r Authorization to Trans register the above refer		
Please	return all corre	spondence concern	ing this matte	er to the following:	- '	
_	Rick	BETHEL				
			(Name o	f Person)		<u> </u>
	KROHN	E. INC.				
			(Firm/Co	ompany)	7	ST
	7 DEA	RBORN Rd			:	ASS
	···································		(Add	ress)		m 3 0
	PEABO	DY, MA	019	6 Å	•	700
			_	and Zip code)		30 o
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For fur	ther information	n concerning this m	atter, please	call:		
	_		-			
f.	P. BETHEL		at (978) 535-6060 Code & Daytime Telepl	X163	
	(Name of Pers	son)	(Area	Code & Daytime Telepl	hone Number)	
STREET/COURIER ADDRESS:			MAILING ADDRESS:			
Registration Section Division of Corporations			Registration Section Division of Corporations			
Clifton Building		P.O. Box 6327				
	2661 Executive Tallahassee, Fl	e Center Circle L 32301		Tallahassee,	FL 32314	
Enclose	ed is a check for	the following amo	unt:			
\$ \$70.	.00 Filing Fee	□ \$78.75 Filing Certificate o		\$78.75 Filing Fee & Certified Copy	S87.50 I Certific Certifie	ate of Status &

'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.	KROHNE, INC.				
((Enter name of corporation; must include "INCORPORATED," "Co"Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	OMPANY," "CORPORATION,"			
į	(If name unavailable in Florida, enter alternate corporate name adopt	ed for the purpose of transacting bus	iness in Florida)		
2.	DELAWARE 3.	51-0236447			
(5	State or country under the law of which it is incorporated)	(FEI number, if applicable)			
4.	03-05-79 5.	PERPETUAL			
··· -	(Date of incorporation) (Du	ration: Year corp. will cease to exist	or "perpetual")		
6.					
-	(Date first transacted business in Flor				
	(SEE SECTIONS 607.1501 & 607.1502, F	.S., to determine penalty hability)	<u> </u>		
7	DEARBORN Rd PEABODY	MA 01960			
	(Principal office address)		10000000000000000000000000000000000000		
-	(Current mailing address)		25 CF		
	, ,		原意文と		
8	SALE of FLOW+LEVEL EQUIPMEN	T	_ <u> </u>		
	(Purpose(s) of corporation authorized in home state or country		RB 16		
9. N	Name and street address of Florida registered agent: (P.O. Bo	x NOT acceptable)	75		
	Name: CT Corporation Syste	ad A			
		-/1///			
Offi	ice Address: 1200 South Pine Lo	Jand Koad			
	Plantation	, Florida <u>33324</u>			
	(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.

LAUREN H. KREATZ,

SPECIAL AS SISTANT SECOSTORY

(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 Chairman: HORST FOCKS Address: 6 ANERILL Rd MIDDLETON MA O1949 Vice Chairman: Address: __ Director: MICHAEL DUBBICK Address: S L KROHNE ST DUISRURL GERMANN Director: K. RADEMACKER DUBBICK Address: 5 L KROHNE ST DUISBURG CHERMANY **B. OFFICERS** President: BRIAN ELLIOTT Address: 14 6100D Som DR. AMESBURY MA 01913 Vice President: _____ Address: Secretary: HORST FOCKS Address: 6 AVERILL Rd MIDDLETON MA GIGLA. Treasurer: MICHABL DUBBICK Address: <u>5 L. KIZOHNE ST DUISBURG GERMANY</u> NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Drien Elliott (Signature of Director or Officer listed in number 12 of the application) BRIAN ELLIOTT PRESIDENT + CEO

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KROHNE, 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 SEVENTH DAY OF OCTOBER, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KROHNE, INC."
WAS INCORPORATED ON THE FIFTH DAY OF MARCH, A.D. 1979.

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

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Darriet Smith Windson, Secretary of State

AUTHENTICATION: 4211896

DATE: 10-07-05

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