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Account Number: FCA00000023 Phone: (614)280-3338 Fax Number: (954)208-0845

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Liberty Wire & Cable, Inc.

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Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

EXAMINE

Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

Liberty Wire &			
(Enter name of o	corporation; must include "INCORPORATE Corp." "Inc," "Co." or "Corp.")	D," "COMPANY," "CORPORATION,"	
(If name unavai	able in Florida, enter alternate corporate na	ne adopted for the purpose of transacting bush	ness in Florida)
Delaware	,	20-1538371	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
08/25/2004	and the second s	Perpetual 5.	
	e of incorporation)	(Date of duration, if other than p	erpetual)
12/01/2018	and the second s		— 建二 一吊
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	C-T
11675 Ridgeline	Drive, Colorado Springs, CO 80921		
·	(Prir	icipal office address)	
225 W Charles	Square Drive, Suite 700, Pittsburgh, PA 152	110	O: -
225 W. Station		The second secon	<u> </u>
225 W. Station		iling address, if different)	
	(Current ma	iling address, if different)	
	(Current ma	iling address, if different)	<u> </u>
	(Current ma	iling address, if different)	
. Name and stre	(Current ma	iling address, if different)	
. Name and <u>stre</u> Name:	(Current ma et address of Florida registered agent: (C T Corporation System	P.O. Box NOT acceptable)	
. Name and <u>stre</u> Name:	(Current ma et address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road	iling address, if different) P.O. Box <u>NOT</u> acceptable)	
. Name and <u>stre</u> Name: Office Address:	(Current maget address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road Plantation (City)	P.O. Box NOT acceptable)	
Name and stree Name: Office Address: Registered age aving been nan esignated in this arther geree to the street of the street	et address of Florida registered agent: (CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: med as registered agent and to accept sees application, I hereby accept the appointments of all statute	P.O. Box NOT acceptable) P.O. Box NOT acceptable) Trice of process for the above stated corputment as registered agent and agree to a stretched to the proper and complete per	poration at the place act in this capacity.
Name and stree Name: Office Address: Registered age aving been nan esignated in this arther geree to the street of the street	et address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: med as registered agent and to accept see application. I hereby accept the appoint	P.O. Box NOT acceptable) P.O. Box NOT acceptable) Provide 33324 (Zip code) Provice of process for the above stated corputation as registered agent and agree to the complete per sof my position as registered agent.	poration at the place act in this capacity.

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman:		
Address:		<u></u>
		,
Vice Chairman:		
Address:		
Director:		
Address:		
		203
Director:		<u></u>
Address:		
	SS-X	-7
B. OFFICERS	1. F. C.	₽ !
		 5
President:	5 000	
Address:		
		
Vice President:		
Address:	 -	
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	d/or director	·\$.
Signature of Director or Officer	no facto eter	d herein
The officer or director signing this document (and who is listed in number 11 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S.	nt of State c	onstitutes
13. Gary J. Halps burg Assistant Secretary (Typed or printed name and capacity of person signing application)		
(Typed or printed name and capacity of person signing application)		

Attachment A

Liberty Wire & Cable, Inc. **Directors and Officers** as of December 5, 2018

David S. Schulz - Director Juan Picon - Director and President Domenic A. Macioce, III – Director and Vice President Brian M. Begg – Director and Treasurer Samantha L. O'Donoghue - Corporate Secretary Douglas J. Vida - Assistant Secretary Gary Habsburg -- Assistant Secretary Victoria Marucci – Assistant Secretary

The address for all directors and officers is:

225 W. Station Square Drive Suite 700 Pittsburgh, PA 15219

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LIBERTY WIRE & CABLE, 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 SIXTH DAY OF DECEMBER, A.D. 2018.

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

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

3847029 8300

SR# 20187998286
You may verify this certificate online at corp.defaware.gov/authver/shtml

Jette op Wr. Sharlocks, Goccrotacy of State

Authentication: 204037470

Date: 12-06-18