

**F 23000001611**

Florida Department of State  
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To:

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Email Address: tricia.myers@johncockerill.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

**John Cockerill North America, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

21 2023

## 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. John Cockerill North America, Inc.  
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 14-892086  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/30/2003 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 435 W Wilson St, Salem OH 44460  
(Principal office street address)  
\_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)  
Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

### 9. 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.*

CT Corporation System

By: John Flynn, Assistant Secretary  
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

**A. DIRECTORS**

☒ Chairman Name Francois Michel  
☐ Vice Chairman Address c/o John Cockerill North  
☐ Director America, Inc.  
☐ President 435 W Wilson St  
☐ Vice President Salem OH 44460  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name Yves Honhon  
☐ Vice Chairman Address c/o John Cockerill North  
☒ Director America, Inc.  
☐ President 435 W Wilson St  
☐ Vice President Salem OH 44460  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name Jean Jouet  
☐ Vice Chairman Address c/o John Cockerill North  
☒ Director America, Inc.  
☐ President 435 W Wilson St  
☐ Vice President Salem OH 44460  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name Nicolas De Coignac  
☐ Vice Chairman Address c/o John Cockerill North  
☒ Director America, Inc.  
☐ President 435 W Wilson St  
☐ Vice President Salem OH 44460  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name Thomas Bohner  
☐ Vice Chairman Address c/o John Cockerill North  
☒ Director America, Inc.  
☐ President 435 W Wilson St  
☐ Vice President Salem OH 44460  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

☐ Chairman Name Tricia Myers  
☐ Vice Chairman Address 5300 Knowledge Parkway  
☐ Director Erie PA 16510  
☒ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12

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Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

13

Tricia Myers

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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JOHN COCKERILL NORTH AMERICA, 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 SEVENTEENTH DAY OF MARCH, A.D. 2023.

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.



3676569 8300

SR# 20231044449

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202943538

Date: 03-17-23