

Florida Department of State
F23000006180

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)203-0345
Fax Number : (614)573-3996

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

Email Address: SarahPreston@Eaton.com

FOREIGN PROFIT/NONPROFIT CORPORATION
COOPER WHEELLOCK INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED

2023 OCT 30 08:41:13

STATE CORPORATIONS FLORIDA

STATE CORPORATIONS

2023 OCT 30 PM 6:24

FILED

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. Cooper Wheelock, Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. New Jersey 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 14, 1955 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
upon filing

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 273 Branchport Avenue Long Branch NJ 07740
(Principal office street address)
1000 Eaton Boulevard, 4N, Beachwood, Ohio 44122
(Current mailing address, if different)

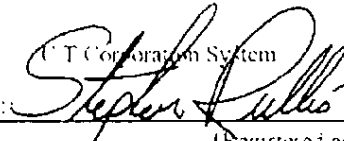
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 33324
(City) (Zip code)

2023 OCT 30 PM 6:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

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.

By: 
(Registered agent's signature) Stephen Rullis, Vice President

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 Mary Kim Elkins
 Vice Chairman Address 1000 Eaton Boulevard
 Director Mail Room 4N
 President Beachwood, OH 44122
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name Thomas B. Okray
 Vice Chairman Address 1000 Eaton Boulevard
 Director Mail Room 4N
 President Beachwood, OH 44122
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name Faras G. Szmaga
 Vice Chairman Address 1000 Eaton Boulevard
 Director Mail Room 4N
 President Beachwood, OH 44122
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name Lizbeth L. Wright
 Vice Chairman Address 1000 Eaton Boulevard
 Director Mail Room 4N
 President Beachwood, OH 44122
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name Kirsten Park
 Vice Chairman Address 1000 Eaton Boulevard
 Director Mail Room 4N
 President Beachwood, OH 44122
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name _____
 Vice Chairman Address _____
 Director _____
 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 _____
 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 Lizbeth L. Wright, Vice President and Secretary
 (Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
 DEPARTMENT OF THE TREASURY
 DIVISION OF REVENUE AND ENTERPRISE SERVICES
 SHORT FORM STANDING**

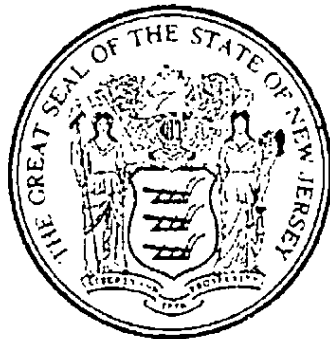
**COOPER WHEELOCK, INC.
 9271235000**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on November 14, 1955.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

C T CORPORATION SYSTEM
 820 BEAR TAVERN ROAD
 WEST TRENTON, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of October, 2023

Elizabeth Maher Muoio

*Elizabeth Maher Muoio
 State Treasurer*

Certificate Number: 0147880125

Copy this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ASP/only_Cert.asp