

F 95000002797

TRANSMITTAL LETTER

**TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS**

SUBJECT: Appleway Equipment Leasing, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Wayne A. Polla
(Name of Person)
Appleway Equipment Leasing, Inc.
(Firm/Company)
E. 8500 Sprague Avenue
(Address)
Spokane, Washington 99212
(City, State and Zip Code)

200001507542
-06/07/95--01080--005
*****70.00 *****70.00

1369

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 10:17

Should you need to call someone concerning this matter, please call:

Wayne A. Polla at (800) 377-7226
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

TPFS 000787



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

Dear Sir or Madam:

This will acknowledge your recent request for the form and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

1. Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
2. The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
3. There is a \$70.00 registration fee.

A letter of acknowledgement will be issued free of charge upon registration. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

The transmittal letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the transmittal letter.

Any further inquiries concerning this matter should be directed to the Qualification/Tax Lien Section by calling (904) 487-6091 or writing Qualification/Tax Lien Section, Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314.

CR2E007(12/94)

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Timothy S. Pring

Address: E 7706 Woodview:

Spokane, Washington 99212

Vice Chairman: Bradley T. Pring

Address: E 7925 Gunning Drive

Spokane, Washington 99212

Director: Ray J. Flaherty

Address: E 10317 Ferrett Drive

Spokane, Washington 99206

Director: Michael R. Klotz

Address: W 2005 Toni Rae

Spokane, Washington 99218

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Timothy S. Pring

Address: E 7706 Woodview

Spokane, Washington 99212

Vice President: Ray J. Flaherty

Address: E 10317 Ferrett Drive

Spokane, Washington 99206

Secretary: Bradley T. Pring

Address: E 7925 Gunning Drive

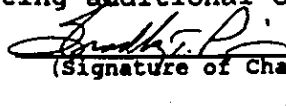
Spokane, Washington 99212

Treasurer: Bradley T. Pring

Address: E 7925 Gunning Drive

Spokane, Washington 99212

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bradley T. Pring Secretary
(Typed or printed name and capacity of person signing application)

APPLEWAY EQUIPMENT LEASING, INC.

E. 8414 Sprague Avenue
Spokane, Washington 99212

Telephone (509) 927-1288
Toll Free 1-800-377-7226
Toll Free FAX 1-800-571-0847

P.O. Box 13066
Spokane, Washington 99213

FLORIDA DEPARTMENT OF STATE APPLICATION TO TRANSACT BUSINESS FLORIDA

12.

A. Directors (cont)

John T. Peterson S 2923 Cedar Road, Spokane, Washington 99204

B. Officers (cont)

Vice-President Michael Klotz, W 2005 Toni Rac, Spokane, Washington 99218
Ass't Secretary John T. Peterson, S 7923 Cedar Road, Spokane, Washington 99204

FLORIDA

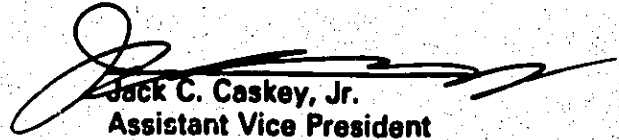
CONSENT TO SERVE AS REGISTERED AGENT

CT CORPORATION SYSTEM having been designated to act as registered agent
hereby agrees to act in this capacity for the following corporation:

Appleway Equipment Leasing, Inc.

CT CORPORATION SYSTEM

Date: April 14, 1995


Jack C. Caskey, Jr.
Assistant Vice President



STATE OF WASHINGTON SECRETARY OF STATE

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

APPLEWAY EQUIPMENT LEASING, INC.

I, RALPH MUNRO, Secretary of State of the State of Washington, hereby certify that I am the custodian of the corporation records of this state.

I FURTHER CERTIFY that the records on file in this office show that the above - named profit corporation was incorporated under the laws of the State of Washington and was issued a certificate of incorporation in Washington on January 5, 1977.

I FURTHER CERTIFY that as of the date of this certificate no Articles of Dissolution or Certificate of Withdrawal have been filed, that the conditions of the Revised Code of Washington, Title 23B.01.280(2) (a) through (d) have been met, and the corporation is duly authorized to transact business in the corporate form in the State of Washington.

Date: May 15, 1995
Given under my hand and the seal of the State of Washington, at Olympia, the State Capitol.

Ralph Munro Secretary of State

H. Hayes

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN -9 AM 10:21

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT -7 PM 3:11

DOCUMENT # **F95000002797**

1. Corporation Name

APPLEWAY EQUIPMENT LEASING, INC.

Principal Place of Business

E. 8300 SPRAGUE AVE
SPOKANE WA 99212

Mailing Address

E. 8300 SPRAGUE AVE
SPOKANE WA 99212

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

91-090203

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC	FRING, TIMOTHY S	E 7706 WOODVIEW	SPOKANE WA 99212
DVCP	FRING, BRADLEY T	E 7925 GUNNING DR	SPOKANE WA 99212
DVP	FLAHERTY, RANDLEY J <i>Ray</i>	E 10317 FERRETT DR	SPOKANE WA 99208
D	KLOTZ, MICHAEL R	W 2005 TONI RAE	SPOKANE WA 99210
			300001979673--6 -10/18/96--01027--005 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Tanya M. Villar

REGISTERED AGENT MUST SIGN

TANYA M. VILLAR
SPECIAL ASSISTANT SECRETARY

Date

10-3-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S.; further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Tanya M. Villar

9-25-96

Date

Daytime Phone #

CR2E040 (7/96)