

**F9600002370**

Schmiedeskamp, Robertson, Neu & Mitchell

ROBERTSON, NEU & MITCHELL  
DENNIS W. GOHMAN  
WILLIAM D. KELLEN J.  
WILLIAM M. MCCLERY, JR.  
FRANK W. HORNADAY  
TED M. NIEMANN  
DENA J. AWICKAMA  
MICHAEL A. BICKHAUS  
CURTIS I. LOVELACE

AW  
BY  
P.O. BOX 1000  
TALLAHASSEE, FLORIDA 32300

MAIL ROOM  
T. HO...  
(817) 223-1100  
FAX (817) 223-1008

F.E.I.N. 37-0870873

\*ALSO LICENSED IN MISSOURI\*

May 2, 1996

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

000001812040  
-05/07/96--01156--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Re: Titan Distribution, Inc.

Dear Sir:

I am enclosing herewith an Application by Foreign Corporation for Authorization to Transact Business in Florida with respect to Titan Distribution, Inc. Also enclosed is a check issued by Titan Distribution, Inc.'s parent company in the amount of \$70.00 to cover the filing fee.

Please file the same in your records and, upon issuance, forward the letter of acknowledgement to the undersigned. Thank you for your assistance and should you have any questions, please feel free to contact me. Best regards.

Yours truly,

Schmiedeskamp, Robertson, Neu & Mitchell

*William M. McCleery, Jr.*  
William M. McCleery, Jr.

WMM/cj  
Enclosures

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**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. Titan Distribution, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Illinois 3. 42-1444713  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. September 14, 1995 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 2701 Spruce Street  
Quincy, IL 62304  
(Current mailing address)

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8. to engage in the transaction of any or all lawful business for  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  
which corporations may be incorporated.
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Bill Halasyn

Office Address: 1201 Old Honeywell Road, Suite 9

Tampa, Florida, 33619

(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.*

Cheri J. Shelley  
(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 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: see attached

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

President: see attached

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

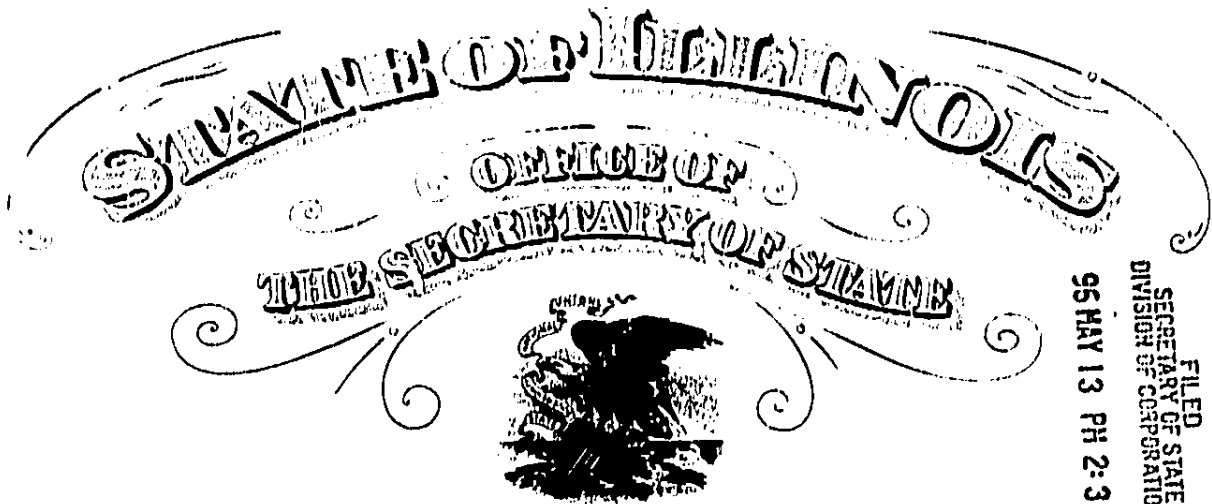
13. x Cheri T. Holley  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Cheri T. Holley, Secretary  
(Typed or printed name and capacity of person signing application)

**Officers and Directors of Titan Distribution, Inc.:**

<u>Name/Address</u>	<u>Officer/Director</u>
Maurice M. Taylor, Jr. 2701 Spruce Street Quincy, IL 62301	President & Director
Erwin H. Billig 2701 Spruce Street Quincy, IL 62301	Director
Richard Cashin 2701 Spruce Street Quincy, IL 62301	Director
Anthony Soave 2701 Spruce Street Quincy, IL 62301	Director
Albert J. Febbo 2701 Spruce Street Quincy, IL 62301	Director
Edward J. Campbell 2701 Spruce Street Quincy, IL 62301	Director
Michael T. Sanide 2701 Spruce Street Quincy, IL 62301	Vice President
Cheri T. Holley 2701 Spruce Street Quincy, IL 62301	Secretary
Kent Hackmack 2701 Spruce Street Quincy, IL 62301	Treasurer

File Number 5850-922-1



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**To all to whom these presents shall come, Greeting:**

*I, George H. Ryan, Secretary of State of the State of Illinois,  
do hereby certify that*

**TITAN DISTRIBUTION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE SEPTEMBER 14, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*\*\***

**In Testimony Whereof,** I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois this 21ST day of MARCH A.D., 19 96.



*George H. Ryan*  
SECRETARY OF STATE