# TO: Qualification/Tax Lien Section Division of Corporations TRANSMITTAL LETTER Outlier Section Division of Corporations

| SUBJE  | WISNER CONTROLS, INC.  |                |
|--------|--|----------------|
|        | (Name of corporation - must include suffix)  | -              |
| Dear S | or Madam:  |                |
|        | osed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificat<br>nce", and check are submitted to register the above referenced foreign corporation to transact busines<br>n. |                |
| Please | eturn all correspondence concerning this matter to the following:  |                |
|        | Nancy Wisner   |                |
|        | (Name of Person)   | <del></del>    |
|        | Wisner Controls, Inc.  |                |
|        | (Firm/Company)   | <del>-</del> - |
|        | 11210 Front Street   | _: .           |
|        | (Address)  |                |
|        | Mokena, IL 60448   |                |
|        | (City/State/Zip)   |                |
| Should | 30002550053<br>-06/15/9801107002<br>ou need to call someone concerning this matter, please call: ******70.00 ******70.00   | - =<br>00      |
|        | ancy Wisner at 815-479-0095  |                |
|        | Name of Person) (Area Code & Daytime Telephone Number)   | <del>-</del> . |

#### **COURIER ADDRESS:**

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

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 98 JUL 30 AM II: 01

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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 16, 1998

NANCY WISNER WISNER CONTROLS, INC. 11210 FRONT ST. MOKENA, IL 60448

SUBJECT: WISNER CONTROLS, INC.

Ref. Number: W98000013777

We have received your document for WISNER CONTROLS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

You have submitted a certified copy of the corporation's articles. What we require for our filing purposes is a certificate of existence or good standing.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Letter Number: 698A00033368

Jennifer Sindt Document Examiner ASSIGN OF CORPORATIONS

NO JUL 30 AM II: 01

## 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.  | Wisner Controls, Inc.  |                      |     |  |  |  |  |  |
|---|--|----------------------|-----|--|--|--|--|--|
|   | (Name of corpora tion: 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.  | Illinois336-3794944  |                      |     |  |  |  |  |  |
|   | (State or country under the law of which it is incorporated) (FEI number, if applicable)                         |                      |     |  |  |  |  |  |
| _   | 40/04/04 E Dawatan 1   |                      |     |  |  |  |  |  |
| 4.  | 10/01/91 5. Perpetual (Duration: Year corp. will cease to exist or   | * 1.7.42             | ±   |  |  |  |  |  |
|   | faute or month   | 9.                   |     |  |  |  |  |  |
|   | perpetual /  |                      |     |  |  |  |  |  |
|   |  | 竪                    |     |  |  |  |  |  |
| 6.  | July 1,1998  | 957                  |     |  |  |  |  |  |
| o.  | (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)                 | <u>2</u> 7€          |     |  |  |  |  |  |
|   |  | 398                  |     |  |  |  |  |  |
| 7.  | 1204 Main Street   | တ္ဆန္                |     |  |  |  |  |  |
| •   | •  |                      |     |  |  |  |  |  |
|   | Sebastian, FL 32958  | <b>⊋</b> m           |     |  |  |  |  |  |
|   |  | 600<br>1 1 1 1 1 1 1 |     |  |  |  |  |  |
|   | (Current mailing address)  |                      |     |  |  |  |  |  |
| _   | The transaction of any or all lawful business for which con  | rporatı              | ons |  |  |  |  |  |
| 8.  | can be incorporated under the Illinois Business Corporation  | ns ACT.              |     |  |  |  |  |  |
|   | (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)        |                      |     |  |  |  |  |  |
|   |  |                      |     |  |  |  |  |  |
| a   | Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT                              |                      |     |  |  |  |  |  |
| J.  | acceptable)  |                      |     |  |  |  |  |  |
|   | Name: Nancy Wisner   |                      |     |  |  |  |  |  |
|   |  | 7 '                  |     |  |  |  |  |  |
|   | Office Address: 1204 Main Street   |                      | _   |  |  |  |  |  |
|   | Sebastian , Florida, 32958   |                      |     |  |  |  |  |  |
|   | Sebastian , Florida, 32958 (Zip Code)  |                      |     |  |  |  |  |  |
|   | (all odds)   |                      |     |  |  |  |  |  |
| 10  | 0. Registered agent's acceptance:  |                      |     |  |  |  |  |  |
|   |  |                      |     |  |  |  |  |  |
| Ha  | aving 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 |  |                      |     |  |  |  |  |  |
| red   | gistered 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                    |                      |     |  |  |  |  |  |

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 incorporat ed.

(Registered agent's signature)

and accept the obligations of my position as registered agent.

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

| A. DIRECTO        | RS (Street address only- P. O . Box NOT acceptable)                                |       |
|-------------------|--|-------|
| Chairman:         | Richard Wisner   |       |
| Address:          | 1204 Main St,  |       |
|                   | Sebastian, FL 32958  |       |
|                   | Nancy Wisner   |       |
| Address:          | 1204 Main St   |       |
|                   | Sebastian,FL 32958   |       |
| Director:         | Floyd Wisner   |       |
| Address:          | 1204 Main St.  |       |
|                   | Sebastian, FL 32958  | _     |
| Director:         |  | _     |
|                   |  |       |
|                   |  |       |
| B. OFFICERS       | (Street address only- P. O. Box NOT acceptable)                                    | •     |
| President:        | Richard Wisner   |       |
|                   | 1204 Main St.  |       |
|                   | Sebastian, FL 32958  | •     |
|                   | Nancy Wisner   | 1 111 |
|                   | 1204 Main C+   | -     |
|                   | Sebastian, FL 32958  | _     |
|                   | Nancy Wisner   |       |
| • -               | 1204 Main St.  |       |
| radioss.          | Sebastian, FL 32958  | •     |
| Treasurer:        | Nancy Wisner   |       |
| Address:          | 1204 Main St.  |       |
| Address.          |  | •     |
| -                 | Sebastian, FL 32958  |       |
| NOTE: If nece     | ssary, you may attach an addendum to the application listing additional            |       |
| officers and core | inectors.  |       |
| 13.               |  |       |
| (Signature        | of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |       |
| 14. <u>NA</u>     | NCY WISNER - VICE PRESIDENT  |       |
|                   | (Typed or printed name and capacity of person signing application)                 |       |

### File Number\_ 5666-530-7



I, George H. Ryan, Secretary of State of the State of Illinois,



| In Cestimony Whereat, I hereto set |                        |  |  |  |  |  |
|------------------------------------|------------------------|--|--|--|--|--|
| ry hand and cause to be aff        | ixed the Great Seal of |  |  |  |  |  |
| ha State of Minnis this            | 22ND                   |  |  |  |  |  |

George H Ryan SECRETARY OF STATE