

F99000003693

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(City/State/Zip/Phone #)

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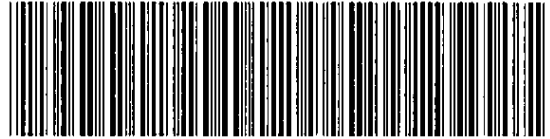
(Business Entity Name)

(Document Number)

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Della A. Sugars
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Telephone (248) 203-1658 • Fax (248) 647-5210

September 13, 2023

Via Federal Express

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida- thyssenkrupp Industrial Solutions (USA), INC.

To Whom it May Concern:

Enclosed for filing please find an Application by Foreign Profit Corporation to File Amendment to Application For Authorization to Transact Business in Florida with corresponding filing fee.

Please return the filed evidence for these filings to my attention using the enclosed prepaid return envelope.

Best regards,

/s/ Della A. Sugars

Della A. Sugars
Paralegal

Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NAME CHANGE - THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC.

Name of Corporation

DOCUMENT NUMBER: F99000003693

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lillian Belanger

Name of Contact Person

Dinsmore & Shohl, LLP

Firm/Company

Wilshire Plaza North, 900 Wilshire Dr #300

Address

Troy, MI 48084

City/State and Zip Code

Lillian.belanger@dinsmore.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lillian Belanger | Authorized Representative at (248) 647-6000

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

(Document number of corporation (if known))

1. THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC.

(Name of corporation as it appears on the records of the Department of State)

2. Wisconsin

(Incorporated under laws of)

3. 07/14/1999

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 06/01/2023

5. THYSSENKRUPP POLYSIUS NORTH AMERICA, INC.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

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

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:

Jill H. Karana

420566D752BC404

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

JILL H. KARANA

(Typed or printed name of person signing)

ASSISTANT SECRETARY

(Title of person signing)

FILING FEE \$35.00

DOM
180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

THYSSENKRUPP POLYSIUS NORTH AMERICA, INC.

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is August 1, 1996.

I further certify that the following charter documents changing the entity name have been duly filed with this department, namely: Article of Incorporation effective August 1, 1996, under the name of KILN TECHNOLOGY, INC.; & Articles of Amendment effective September 30, 1996, changing the name to A-C EQUIPMENT SERVICES, CORP.; & Articles of Merger effective March 31, 2014, changing the name to THYSSENKRUPP INDUSTRIAL SOLUTIONS (USA), INC.; & Articles of Amendment effective June 1, 2023 changing the name to the current name, THYSSENKRUPP POLYSIUS NORTH AMERICA, INC.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212, Wis. Stats., and that it has not filed Statement or Articles of Dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on August 30, 2023.

A handwritten signature in black ink, appearing to read "Craig Heilman", written over a horizontal line.

CRAIG HEILMAN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

By: Hailey Ziegler