

F040000007002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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NOV 19 11:12:32

TALLAHASSEE, FLORIDA

F04-7002
AR



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 22, 2004

TOM GUALDONI
1477 WALLI STRASSE DR.
BURTON, MI 48509

SUBJECT: TRIALON CORPORATION
Ref. Number: W04000042847

We have received your document for TRIALON CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 104A00066186

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APR 13 12:32

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trialon Corporation
(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:

Tom Gualdoni

(Name of Person)

Trialon Corporation

(Firm/Company)

1477 Walli Strasse Dr.

(Address)

Burton, MI 48509

(City/State and Zip code)

For further information concerning this matter, please call:

Tom Gualdoni

(Name of Person)

at (810) 742-8500

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

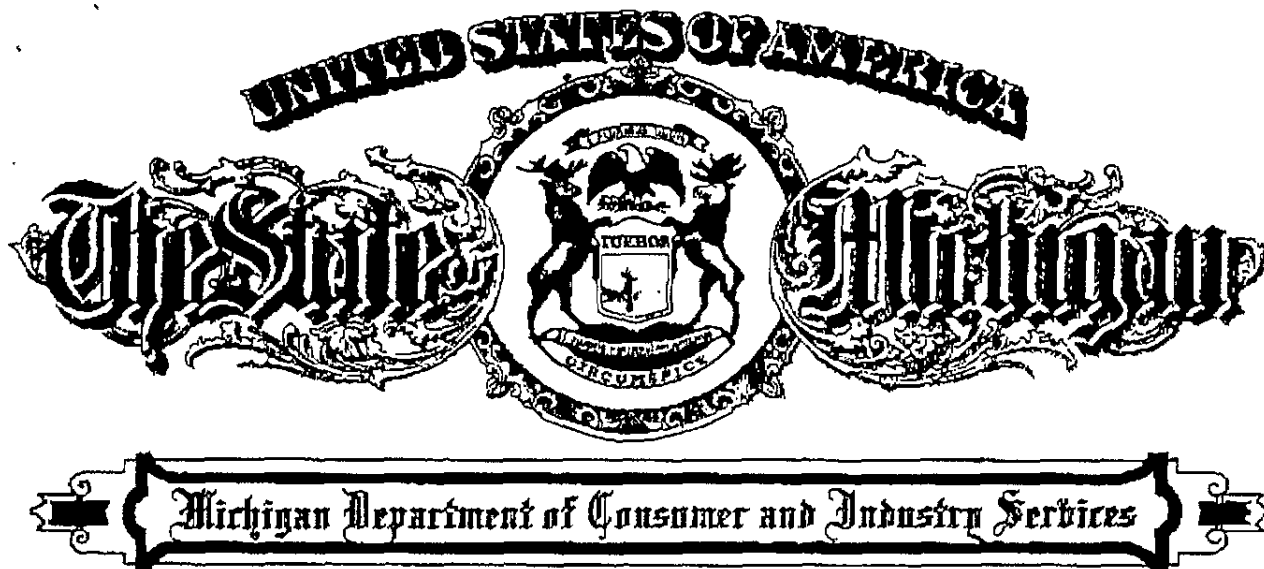
☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA

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Lansing, Michigan

This is to Certify That

TRIALON CORPORATION

was validly incorporated on November 4, 1982, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
814413

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of October, 2004

Andrew J. Hickey, Director

Bureau of Commercial Services

FILED
OCT 19 11:12:07
TALLAHASSEE, FLORIDA

**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. Trialon Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Michigan 3. 38-242226
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/4/82 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/18/04
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1477 Walli Strasse Dr., Burton, MI 48509
(Principal office address)

1477 Walli Strasse Dr., Burton, MI 48509
(Current mailing address)

8. Contract Employment
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: et corporation system
1200 S. PINE ISLAND RD

Office Address: PLANTATION, Florida 33324
(City) (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.

Claudia L. Saari

(Registered agent's signature)

Claudia L. Saari
Asst. Secretary

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert Resseguie

Address: 5309 Chin Maya Drive, Swartz Creek, MI 48473

Vice Chairman: N/A

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Patricia Crowder

Address: 7185 S. Gale Rd., Grand Blanc, MI 48439

Vice President: Ron Resseguie

Address: 5309 Chin Maya Drive, Swartz Creek, MI 48473

Secretary: Ethel Resseguie

Address: 5309 Chin Maya Drive, Swartz Creek, MI 48473

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

PATRICIA L. CROWDER

(Typed or printed name and capacity of person signing application)

FILED
DEC 19 9 12:33
CLERK OF STATE
TALLAHASSEE, FLORIDA