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JAMES A. CURRAN JOSEPH J. COLLOPY TERESA MAGEE

IRA S. PIMM, JR. Consultant

### Corporation Guarantee and Trust Company

701 ARCHITECTS BUILDING

117 SOUTH 17TH STREET, PHILADELPHIA, PA 19103-5090 TELEPHONE (215) 563-6131 • FAX (215) 563-9410

F000000001329

Division of Corporations Department of State 409 E. Gaines Street Tallahassee, FL 32399 300003152993----03/01/00--01071--001 \*\*\*\*\*78.75 \*\*\*\*\*78.75

RE: TWINCOR, INC.

Dear Sir or Madam:

Enclosed is duplicate Application for Certificate of Authority of the above company for filing with your office, together with Certificate of Good Standing and our \$78.75 check to cover filing fees and Status Certificate.

Please send your usual acknowledgment and receipt to this office when the filing has been completed.

Cordially yours,

Joseph J. Collopy Vice-President

JJC/mag

Enclosures.

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# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 1, 2000

JOSEPH J. COLLOPY CORPORATION GUARANTEE AND TRUST COMPANY 117 S 17TH STREET PHILADELPHIA, PA 19103-5090

SUBJECT: TWINCOR, INC. Ref. Number: W00000005570

We have received your document for TWINCOR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 100A00011311

SECRETARY OF STATE
TALL AHASSEE, 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.	TWINCOR, INC.		
	TWINCOR, INC.  (Name of corporation: must include the word "INCORPOR words or abbreviations of like import in language as will claustral person or partnership if not so contained in the national conta	ATE early ne at	D", "COMPANY", "CORPORATION" or indicate that it is a corporation instead of a present.)
2.	PENNSYLVANIA  (State or country under the law of which it is incorporated)	3.	Applied for
	(State or country under the law of which it is incorporated)	· _	(FEI number, if applicable)
4.	11/2/1978 (Date of Incorporation)	5.	PERPETUAL
	(Date of Incorporation)	(.	(Duration: Year corp. will cease to exist or "perpetual")
6.	UPON QUALIFICATION		
٠.	UPON QUALIFICATION (Date first transacted business in Florida. (SEE SECTION	s 607	7.1501, 607.1502, and 817.155, F.S.)
7.	180 NEW BRITAIN BLVD.	30	-
	CHALFONT, PA 18914		ess)
	(Current mailing	addre	ress)
δ.,	(Purpose(s) of corporation authorized in home state or cou	ntry t	to be carried out in the state of Florida)
	Name and street address of Florida registered a acceptable)		
	Name: EDWIN F. BLANTON		
	Office Address: 825 THOMASVILL	E RC	DAD
	TALLAHASSEE		, Florida, 32303 (Zip Code)
10.	Registered agent's acceptance:		(Zip Code)
cor reg all and	ving been named as registered agent and to accept agent and the place designated in this application at the place designated in this capacity. If statutes relative to the proper and complete perform accept the obligations of my position as registered agent's Attached is a certificate of existence duly authentic delivery of this application to the Department of Stofficial having custody of corporate records in the j	ration further man l age signa cated	in, I hereby accept the appointment at the agree to comply with the provisions of ince of my duties, and I am familiar with ent.  The agree to comply with the provisions of ince of my duties, and I am familiar with ent.  The agree to comply with the provisions of ince of my duties, and I am familiar with ent.  The agree to comply with the provisions of my duties, and I am familiar with ent.  The agree to comply with the provisions of my duties, and I am familiar with ent.  The agree to comply with the provisions of my duties, and I am familiar with ent.  The agree to comply with the provisions of my duties, and I am familiar with ent.  The agree to comply with the provisions of my duties, and I am familiar with ent.  The agree to comply with the provisions of my duties, and I am familiar with ent.  The agree to comply with the provisions of my duties, and I am familiar with ent.  The agree to comply with the provisions of my duties, and I am familiar with ent.

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

	FRED BERMAN	<u> </u>
Address:	180 NEW BRITAIN BLVD.	
·	CHALFONT, PA 18914	
Vice Chairman: _	MARC BERMAN	_
Address:	180 NEW BRITAIN BLVD.	<u>_</u>
	CHALFONT, PA 18914	
Director:		
Address:		
Director:		
		_
B. OFFICERS (S	treet address only- P. O. Box NOT acceptable)	
President:	FRED BERMAN	_
	180 NEW BRITAIN BLVD.	_
****	CHALFONT, PA 18914	
Vice President:		
	•	_
	MADO DEDMAN -	
Secretary:	MARC BERMAN	_
	180 NEW BRITAIN BLVD.	<b>-</b>
		_
Address:	180 NEW BRITAIN BLVD.	- - - - 00 *
 Treasurer:	180 NEW BRITAIN BLVD.  CHALFONT, PA 18914  MARC BERMAN	po MAR
Address:	180 NEW BRITAIN BLVD.  CHALFONT, PA 18914	pomar 13
Address:	180 NEW BRITAIN BLVD.  CHALFONT, PA 18914  MARC BERMAN  180 NEW BRITAIN BLVD.  CHALFONT, PA 18914	po MAR 13 AM
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Address: Treasurer: Address: NOTE: If necessar officers and/or direction in the control of t	180 NEW BRITAIN BLVD.  CHALFONT, PA 18914  MARC BERMAN  180 NEW BRITAIN BLVD.  CHALFONT, PA 18914  THE CHALFONT, PA 18914  THE CHALFONT AND ADDRESS OF THE CHALFONT AND AD	DO MAR 13 AM 8: 57

#### COMMONWEALTH OF PENNSYLVANIA

### DEPARTMENT OF STATE

FEBRUARY 10, 2000

TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

I DO HEREBY CERTIFY THAT,

TWINCOR, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

DPOS