

		1		
C T CORPORATION SYS	TEM			
Requestor's Name 660 East Jefferson	Street			
Address Tallahassee, FL 32	301 (850)222-1092	1	00000331	9601 <i></i> 4
City State Zip		·	-07/11/00 *****70.00	-U1U47U24) *****70.00
CORPOR	RATION(S) NAME			
		<u> </u>		
				a ign
	ISG Acquis	ition Corp.		- 2-5
	1			PH P: 54
	_ #			5.5
<pre>SCProfit () NonProfit () Limited Liability Co</pre>	() Amendm	nent	() Merger	F 38
Foreign		ion/Withdrawal	() Mark	
() Limited Partnership	() Annual F		() Other	
() Reinstatement () Limited Liability Pa	() Reserva artnership	tion	() Change of () Fictitions	Na.
() Certified Copy	() Photo C	opies	() CUS ()	Se P
() Call When Ready Walk In () Mail Out	() Call if Pr () Will Wait		() After 4:30 Pick Up	
Name		<u> </u>	TAN S	
Availability	7[11	PLEASE F	RETURN EXTRA COF	PY(S)
Document Examiner	71		FILE STAMPED THANKS	
Updater			CONNIE BRYAN	
Verifier	-			
Acknowledgment	1	31/		
W.P. Verifier				
	•	1 1 1 1		

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ISG A	equisition Corp.		
words or abbre		RATED", "COMPANY", "CORPORATION" or Elearly indicate that it is a corporation instead of a ne at present.)	1 24
Delaware	ry under the law of which it is incorporated)	3Applied For	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	•
June 15,	2000 5	Perpetual (Duration: Year corp. will cease to exist or "perpetual")	·
(Da	ate of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
	ately July 30, 2000		
(Date fir	st transacted business in Florida.) (SBE SEC	CTIONS 607.1501, 607.1502 and 817.155, F.S.)	
. <u>2405 Cour</u>	nty Line Road, Kettering, OH	45430	
Provide d	(Current mailing a		
(Purpose	locument solutions and documents(s) of corporation authorized in home state	address) nt management outsourcing services. or country to be carried out in state of Florida) ent: (P.O. Box or Mail Drop Box NOT acceptable)	
(Purpose Name and st Name:	locument solutions and documents) of corporation authorized in home state reet address of Florida registered age CT Corporation System	or country to be carried out in state of Florida)	
(Purpose Name and st Name:	locument solutions and documents(s) of corporation authorized in home state	or country to be carried out in state of Florida)	-
(Purpose Name and st Name:	locument solutions and documents (s) of corporation authorized in home state reet address of Florida registered age CT Corporation System 1200 South Pine Island Road	or country to be carried out in state of Florida) ent: (P.O. Box or Mail Drop Box NOT acceptable)	-
(Purpose Name and st Name:	locument solutions and documents (s) of corporation authorized in home state reet address of Florida registered age CT Corporation System 1200 South Pine Island Road	or country to be carried out in state of Florida)	
(Purpose Name and st Name:	locument solutions and documents(s) of corporation authorized in home state reet address of Florida registered age CT Corporation System 1200 South Pine Island Road Plantation	or country to be carried out in state of Florida) ent: (P.O. Box or Mail Drop Box NOT_acceptable), Florida, _33324	
(Purpose Name and st Name: Office Address:	locument solutions and documents (s) of corporation authorized in home state reet address of Florida registered age CT Corporation System 1200 South Pine Island Road	or country to be carried out in state of Florida) ent: (P.O. Box or Mail Drop Box NOT_acceptable), Florida, _33324	
(Purpose (Purpose Name and st Name: Office Address: O. Registered (aving been name) application, I ith the provision	locument solutions and documents) of corporation authorized in home state reet address of Florida registered age CT Corporation System 1200 South Pine Island Road Plantation agent's acceptance: ed as registered agent and to accept service hereby accept the appointment as registered	or country to be carried out in state of Florida) ent: (P.O. Box or Mail Drop Box NOT acceptable) , Florida, 33324 (Zip code) e of process for the above stated corporation at the place desert and agree to act in this capacity. I further agree to complete performance of my duties, and I am familiar with a	comp

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 9/2099 CT System Online

which it is incorporated.

'hairman	·
idress:	
	<u> </u>
ce Chai	irman:
	in E
•	
rector:	Allan M. Holt
ldress:	1001 Pennsylvania Avenue, NW, Suite 220 South, Washington, D.C. 20004
rector:	
iaress:	
0.000	
OFFI	CERS (Street address only - P.O. Box NOT acceptable)
sident:	Allan M. Holt
dress:	1001 Pennsylvania Avenue, NW, Suite 220 South, Washington, D.C. 20004
	·
	dent: <u>Joseph Lipscomb</u>
dress:	1001 Pennsylvania Avenue, NW, Suite 220 South, Washington, D.C. 20004
retary:	Yanania Timanania
-	
dress: .	1001 Pennsylvania Avenue, NW, Suite 220 South, Washington, D.C. 20004
asurer:	Joseph Libscomb
duana	1001 Pennsylvania Avenue, NW, Suite 220 South, Washington, D.C. 20004
uless: _	1001 Tennsylvania Avende, NW, Buite 220 Bouth, Washington, D.C. 20004
-	
TE: I	f necessary, you may attach an ascendura to the application listing additional officers and/or directors.
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
	Allan M. Holt, President
·	(Typed or printed name and capacity of person signing application)

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ISG ACQUISITION CORP." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

3245446 8300

AUTHENTICATION:

0543848

001343515

DATE:

07-07-00