

Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

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-09/21/00--01046--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

Skinner, Inc.

00 SEP 21 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

09/21/00

Order#:

Ref#:

Amount:\$

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 SEP 21 AM 11:22

RECEIVED

BR 9/25

**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. Skinner, Inc.

(Name of corporation; 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. Massachusetts

(State or country under the law of which it is incorporated)

3. 04-3015773

(FEI number, if applicable)

4. October 1, 1988

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. October 1, 2000

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 357 Main Street, Bolton, MA 01740

(Current mailing address)

8. Provide auction and appraisal services.

(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 or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(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.*

C T Corporation System

(Registered agent's signature)

LAUREN H. KREATZ,

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

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: N/A

Address: \_\_\_\_\_

Director: \_\_\_\_\_

~~Vice Chairman~~ Stephen Fletcher

Address: 823 Main Street

Lancaster, MA 01523

Director: Nancy Skinner

Address: 401 Main Street

Bolton, MA 01740

Director: Karen Keane

Address: 27 Tower Road

Lincoln, MA 01773

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Nancy Skinner

Address: 401 Main Street

Bolton, MA 01740

Vice President: Karen Keane

Address: 27 Tower Road

Lincoln, MA 01773

Secretary: Arthur Bergeron

Address: 27 Prospect Street

Marlborough, MA 01752

Treasurer: Nancy Skinner

Address: 401 Main Street

Bolton, MA 01740

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

13. Nancy R. Skinner  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Nancy Skinner, President  
(Typed or printed name and capacity of person signing application)

FILED  
00 SEP 21 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



William Francis Galvin  
Secretary of the  
Commonwealth

# *The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

September 19, 2000

TO WHOM IT MAY CONCERN:

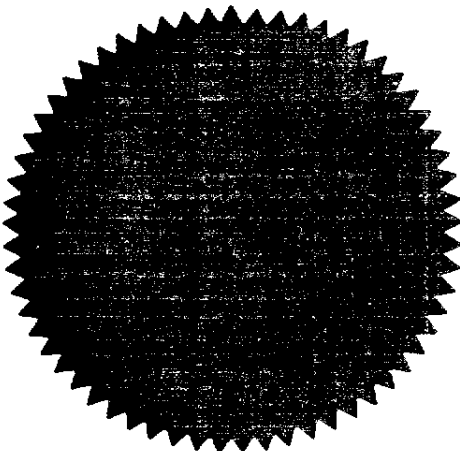
I hereby certify that

**SKINNER, INC.**

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **September 26, 1988.**

I also certify that so far as appears of record here, said corporation still has legal existence.

FILED  
00 SEP 21 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

\*MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.

