## 

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

DATE: /// 3

700003451507--5 -11/03/00--01057--016 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

000-222-1052	•	*****70.00 *****70.00
	Corporation(s) Nam	e 7000034515075 -11/03/0001067017 ******8.75 ******8.75
Biasco A	Jusical Inst	Rument Company
Profit ()Nonprofit	()Amendment	()Merger
Foreign ()LLC	( )Dissolution ( )Withdrawal	()Mark oo T
()Limited Partnership ()Reinstatement ()UCC () 1 or () 3 ***Special Instructions**	( )UBR ( )Fititious Name	e ()Other 3 ()Chr.RA2 ()Chr.RA2 ()STIVIE
()Certified Copy ()arts/ameds/mergers () Other	()Photocopies er-See Above	Cus
(XXX)Walk in	(XXX)Pick-up	( )Will Wait
	Copi	rol Clark  Thank You!
	ħ	E B SE

Mr Ms

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		UTES, THE FOLLOWING IS SOBMITTE INESS IN THE STATE OF FLORIDA.	ED IO
1	lude the word "INCORPORATED",	"COMPANY", "CORPORATION" or icate that it is a corporation instead of a	mpany 8
2. Ilinois (State or country under the law)	- ,	36-2128784 (FEI number, if applicable)	TILED P
6. (Date first transacted bus	UPON Qua	PERPETUAL  Year corp. will cease to exist or "perpetual"  (07.1501, 607.1502 and 817.155, F.S.)	55 S
7. 100 Fairway T	x. Soite 120		
Vernon Hills,	Tr 60061 (Current mailing address)		
8. (Purpose(s) of corporation (Purpose(s) of cor	n authorized in home state or country  of Florida registered agent: (P.C	y to be carried out in state of Florida)  Sharke of Florida  D. Box or Mail Drop Box NOT acceptab	La Corporation
Name: CT Corporation	n System	<b>-</b>	
Office Address: 1200 South Pi	ne Island Road	_	
Plantation		_ , Florida, _33324 (Zip code)	
10. Registered agent's accep	tance:		
this application, I hereby accept with the provisions of all statutes the obligations of my position as	the appointment as registered agent or relative to the proper and complete p	ess for the above stated corporation at the pand agree to act in this capacity. I further performance of my duties, and I am familia  James M. Halpin  Assistant Secretary	agree to comply
11. Attached is a certificate of exidence of exidence of the secret of t	stence duly authenticated, not more t ary of State or other official having c	than 90 days prior to delivery of this applicat custody of corporate records in the jurisdiction	ion to the on under the law of

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019-9/2/99 CTSystem Online

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	
Address:	
Vice Chairman:	
Address:	<u> </u>
	影
Director:	SE P D
Address:	FLOADE FLOADE
	OF S
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: John T. Biasco	
Address: 6222 N. Knox Ave	
Chicago, IL 60646	
Vice President: John Williams	
Address: 1095 Kasting LA.	
Mondelein, IL 60060	
Secretary: Peter Biasco	
Address: 1461 Baffin Rd.	
Glenview, IL 60025	
Treasurer: Paul Biasco	
Address: 18947 Hagenta Bay	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	ors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	
John Biasco	•
(Typed or printed name and capacity of person signing application)	



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



## In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this \_\_\_\_\_  $a_{NOVEMBER}$  \_\_\_\_\_ A.D. \_\_\_\_\_ .

Desse White

SECRETARY OF STATE