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TRANSMITTAL LETTER

TRANSMITTAL LETTER								
TO: Registration Section Division of Corporations	•							
SUBJECT: ILS Technology, Inc.								
(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:								
HADELYN COLBE	ERG			_				
`	· /							
PARK-OHIO INOUSTRIES (Firm/Company) == 0								
		AT A	00					
23000 EUCLIO AVENUE SSE T								
(Address)								
CLEVELAND, OHIO 44117 SET TO City/State and Zip code)								
(City/State and Zip code)								
For further information concerning this matter, please call:								
LiNDA KOLD at (216) (Name of Person) (Area Co	692-7200		4M	h				
(Name of Person) (Area Co	de & Daytime Telephone Number)		1				
			12	114				
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:								

☐ \$78.75 Filing Fee &

□ \$87.50 Filing Fee,

\$70.00 Filing Fee

☐ \$78.75 Filing Fee &

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.	•	ology, Tnc.						
	words or abbre	oration; must include the word "INCORPORA viations of like import in language as will clear or partnership if not so contained in the name	arly	indicate that it is a corporation instead of a				
2.	Ohio		3.	34-1932632				
		ry under the law of which it is incorporated)		(FEI number, if applicable)				
4.	8-16-2000		5.	Perpetual				
	(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")				
6.	upon quali	fication						
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7 23000 Euclid Avenue, Cleveland, Ohio 44117								
(Principal office address)								
	same	·						
		(Current mailing a						
8.	ลทบ ไลเหร็บไ	any lawful business, to promo act or activity for which cor orporation Law of the State of	oor	any lawful purpose, and to engage in rations may be organized under the hio and Florida.				
	(Purpose	(s) of corporation authorized in home state or	r co	untry to be carried out in state of Florida)				
9.	Name and st	reet address of Florida registered ager	ıt:	(P.O. Box or Mail Drop Box NOT acceptable)				
	Name:	Corporation Service Company						
O	ffice Address:	1201 Hays Street		STATE LORIDA				
		Tallahassee		, Florida 32301				
		(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.

Corporation Service Company

by: Magazet Otto, Ossit Pearstary

(Registered agent's signature)

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: See attached officers/directors rider. Address: __ Address: __ Address: _____ Director: Address: _ **B. OFFICERS** President: See attached officers/directors rider Address: Vice President: Address: ___ Secretary: _ Address: Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Konald J. Cozean, Vice President and Secretar (Typed or printed name and capacity of person signing application)

Officers of ILS Technology, Inc.

Name	Title	Business Address		
Edward F. Crawford	Director, COB, and President	23000 Euclid Avenue, Cleveland, OH 44117		
Ronald J. Cozean	Director, VP & Secretary	23000 Euclid Avenue, Cleveland, OH 44117		
Richard P. Elliott	Director, VP and Treasurer	23000 Euclid Avenue, Cleveland, OH 44117		
Robert L. Poeppelman	VP - Tax	23000 Euclid Avenue, Cleveland, OH 44117		
Patrick W. Fogarty	Vice President	23000 Euclid Avenue, Cleveland, OH 44117		
Matthew V. Crawford	Assistant Secretary	23000 Euclid Avenue, Cleveland, OH 44117		

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SECRETARY OF STATE

UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show ILS TECHNOLOGY, INC., an Ohio corporation, Charter No. 1175164, having its principal location in Cleveland, County of Cuyahoga, was incorporated on August 16, 2000 and is currently in GOOD STANDING upon the records of this office.

CRETARY

WITNESS my hand and official seal at

Columbus, Ohio on

November 13, 2000

J. Kenneth Blackwell Secretary of State

enneth Blackmell