

TRANSMITTAL LETTER

F01000001054

TO: Registration Section  
Division of Corporations

SUBJECT: Weber Accessibility Systems, 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:

Robert Weber  
(Name of Person)

Weber Accessibility Systems, Inc.  
(Firm/Company)

P.O. Box 482  
(Address)

Richmond, VT 05477  
(City/State and Zip code)

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-02/22/01--01054--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

For further information concerning this matter, please call:

Jon Lanphear at (802) 434-3499  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE FLORIDA

**STREET ADDRESS:**  
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:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

4p

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. Weber Accessibility Systems, 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. Vermont 3. 03-0350877  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Jan. 10, 1996 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(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. 527 Hinesburg Road, Richmond, VT 05477  
(Principal office address)  
P.O. Box 482, Richmond, VT 05477  
(Current mailing address)

8. Sales, Service & Installation of elevator & Handicapped accessibility equipment.  
(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: Kevin Mannes

Office Address: 1901 Green Rd, Suite E  
Pompano Beach, Florida 33064  
(City) (Zip code)

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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.

Kevin O Mannes  
(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: Robert Weber

Address: PO Box 482, 527 Hinesburg Rd  
Richmond, VT 05477

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

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B. OFFICERS

President: Robert Weber

Address: PO Box 482, 527 Hinesburg Rd  
Richmond, VT 05477

Vice President: \_\_\_\_\_

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


Secretary: Richard Cassidy

Address: 100 Main St, 2nd Fl, Burlington, VT 05401

Treasurer: Robert Weber

Address: PO Box 482, 527 Hinesburg Rd, Richmond, VT 05477

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. President - Robert Weber

(Typed or printed name and capacity of person signing application)



STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

*Certificate of Good Standing*

*I, Deborah L. Markowitz, Secretary of State of the State of Vermont, do hereby certify that according to the records of this office*

**WEBER ACCESSIBILITY SYSTEMS, INC.**

*a corporation formed under the laws of the State of Vermont*

*was filed for record in this office on January 10, 1996*

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*I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and that articles of dissolution have not been filed.*

February 13, 2001

Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital

A handwritten signature in black ink, appearing to read "Deborah L. Markowitz".

— Deborah L. Markowitz  
Secretary of State

