

	Registration Sec Division of Corp							
SUBJE	CT: Powe	rs Fasteners	Inc.					~
		(Name	of corpora	tion - must include	suffix)			
Dear Sir	or Madam:							
"Certific		", and check are s		or Authorization to o register the above				
Please re	eturn all corresp	ondence concerni	ng this mat	ter to the following	g:	_		
	Josep	h V. Miressi	. Vice	President-Con	ntroller	_		
				of Person)	<u> </u>		<del></del>	
	Power	s Fasteners,	Inc.	<del>.</del>	-15		POPUL	
			(Firm/C	Company)				
-16537	2 Por	ers Square, )	) () (Parr	. 6/1	100	OPAHY	7)241	<u>:</u>
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	New R	ochelle, N	W York (City/Stat	e and Zip code)	-	·· ,	<del></del>	
			(City/Diat	o and Zip codo)	Oor	00044		
For furt	ner information	concerning this m	atter, pleas	e call:		-07/12/0 *****70.	101051- .00 ****	)—— -001 *70.0
Dí	ana A. Croc	co	at ( 91	4 ) 235–6300	Ext 360	6		
	(Name of Perso			a Code & Daytime				
								1
	T ADDRESS:			MAILING A			#	/ I
	tion Section of Corporation	S		Registration S Division of Co			11	7/
	Gaines St.	-		P.O. Box 632		- Z	2 9 V	61
Tallaha	ssee, FL 32399	-		Tallahassee, F	L 32314	רב".	OI AUG	- \
Enclose	d is a check for	the following amo	unt:			10 m		
XXXX \$70.0	00 Filing Fee	□ \$78.75 Filing Certificate of		☐ \$78.75 Filing Certified Cop		\$87.50 Filing	Fee≱ of Status & €	ח כ

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# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 18, 2001

JOSEPH V. MIRESSI, VP-CONTROLLER POWERS FASTENERS, INC. 2 POWERS SQUARE, P.O. BOX 641 NEW ROCHELLE, NY 10801

SUBJECT: POWERS FASTENERS, INC.

Ref. Number: W01000016537

We have received your document for POWERS FASTENERS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filling year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 401A00042118

## 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. Powers Fasteners, Inc.	<i>a</i> .
·(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. New York 3 13-1840500	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	12
4. <u>08/18/1921</u> 5. <u>Perpetual</u>	gen t
(Date of incorporation) (Duration: Year corp. will ceas e to exist or "perpetual")	
6. Upon qualification	-
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualificat ion.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 2 Powers Square, P.O.Box 641, New Rochelle, NY 10801	
(Principal office address)	
Same as above	
(Current mailing address)	
Control of the contro	
8. Sales Masonry Ancors	m
(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: Michael Gaffigan	
Office Address: Lakeview Center,	
2345 Stirling Road	-
Fort Lauderdale, ,Florida 33312-6608	
(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.

Michael Gaffigan (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	s and business addresses of officers and/or directors:	
A. DIREC	CTORS	
Chairman: _	Frederic B. Powers, Jr.	 
•	2 Powers Square, NR, NY 10801	 46

Address: 2 Powers Square, NR, NY 10801			<u> </u>		
· ·					
Director xXxxXxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	-				
Address: 2 Powers Square, NR, NY 10801					<u>ia: 1</u>
	<u> </u>	<u> </u>	<u> </u>	A 44	:-
Director: Jeffrey R. Powers				O1	
Address: 2 Powers Square, NR, NY 10801				E 5	3
			· <u> </u>	1833	
Director: Stephen B. Powers			· · <del>.</del>		
Address: 2 Powers Square, NEW Rochelle, NY	10801	<del></del>		39 01100A	

### **B. OFFICERS**

Address: same as above

Treasurer:

		addraga gama s				
-	Christopher W. Powers	audress same as	s above	,,,, <u>,,,</u>	٠,	
Vice Presid	ent: Stephen_B. Powers		· - = =	• •		
Address: _	same as above		the first the factor of		ī,	
<del>.</del> .			<u> 55. 1 0 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	· .		ı.

Address:

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. \_\_\_\_ Christopher W. Powers, Director and CEO

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

# State of New York Department of State

I hereby certify, that the Certificate of Incorporation of POWERS FASTENERS, INC. was filed on 08/18/1921, under the name of THE RAWLPLUG COMPANY, INC., fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment THE RAWLPLUG COMPANY, INC., changing its name to POWERS\_FASTENING, INC., was filed 08/21/1996.

A Certificate of Amendment POWERS FASTENING, INC., changing its name to POWERS FASTENERS, INC., was filed 11/13/1998.

Witness my hand and the official seal of the Department of State at the City of Albany, this 28th day of June favo thousand and one.

Special Deputy Secretary of State

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