

CT CORPORATION SYSTEM

F01000004210

CORPORATION(S) NAME

Dressta North America, Ltd. Inc.

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01 AUG -8 PM 1:43:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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DIVISION OF CORPORATION

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

8/8/01

MS

Order#: 4646481

000004525350--7
 -08/09/01--01002--006
 *****70.00 *****70.00

Ref#: _____

Amount: \$ BK

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

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. Dressta North America, Ltd. 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 natural person or partnership if not so contained in the name at present.)
2. Delaware 3. N/A *Applied For*
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/03/2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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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. 1327 Barclay Blvd., Buffalo Grove, IL 60089
(Principal office address)

1327 Barclay Blvd., Buffalo Grove, IL 60089
(Current mailing address)

8. Selling of Construction 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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System
(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

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Nestor P. Jovanovic
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. NESTOR P. JOVANOVIC - General Director / Chairman of Board
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

103. Officer and/or Director Information

Nestor P. Jovanovic
General Director/Chairman of Board

Business Address
440 N. Fairway Drive
Vernon Hills, IL 60061

Home Address
32433 North Forest Drive
Grayslake, IL 60030

William Campbell
Director

Business Address:
440 N. Fairway Drive
Vernon Hills, IL 60061

Home Address:
2907 Jenny Jae Lane
Crystal Lake, IL 60012

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TALLAHASSEE, FLORIDA

Vern V. Tuite
Director

Business Address:
440 N. Fairway Drive
Vernon Hills, IL 60002

Home Address:
17929 Pond Ridge Circle
Gurnee, IL 60031

Roman Kara
Director

Business Address:
HSW Stalowa Wola
37-450 Stalowa Wola, PL
ul. E Kwiatkowskiego 1
Stalowa Wola, Poland

Home Address:
37-450 Stalowa Wola
ul. Poniatowskiego 35B/ 50
Poland

Ryszard Kardasz
Director

Business Address:
HSW Stalowa Wola
37-450 Stalowa Wola PL
ul. E Kwiatkowskiego 1
Stalowa Wola, Poland

Home Address:
37-450 Stalowa Wola
ul. Niez.omnych 64
Poland

State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DRESSTA NORTH AMERICA, LTD." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JULY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3388044 8300

AUTHENTICATION: 1272876

010373084

DATE: 07-31-01