

TO:

Registration Section Division of Corporations

SUBJECT: SUNCOAST Automation, NC

(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:						
John w. FEYL - Controller 4000045229544 -10/04/0101026012 (Name of Person) ******87.50 ******87.50						
Sunconst Automation, INC						
(Firm/Company)						
150 N. DUNBAR AVE BUILDING C (Address)						
OLDSMAR FL 34L77						
OLDS MAR, FL 34677 (City/State and Zip code)						
For further information concerning this matter, please call:						
JOHN W. FEYL at (813)814-9697 EXT 25 3						
TOHN W. FEYL at (\$13) \$14-9697 EXT 2000 (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: Registration Section Division of Corporations Registration Section Division of Corporations						
STREET ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section Division of Corporations Division of Corporations						
Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327						
Tallahassee, FL 32399 Tallahassee, FL 32314						
Enclosed is a check for the following amount:						
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □						

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-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. SUNCOAST AUTOMATION, 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. ILLINOIS 3. 36-4444 904
2. <u>ILLINOIS</u> 3. <u>36-4444 904</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)
December 1
4. MAY 30, 2601 (Date of incorporation) 5. Perpetual (Duration! Year corp. will cease to exist or "perpetual")
6. Hugust 1, 200 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "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. 150 N. DUNBAR AVE. Building C, OLOSMAR, FL 34677 (Principal office address)
150 N. DUNBAR AVE. BUILDING C, OLDSMAR, FL 34677 (Current mailing address)
TO ENGAGE IN ANY ACT OR ACTIVITY FOR Which CORPORATIONS
e may be no conditional The Floring Burnish Consention A.T.
8. MAY BE ORGANIZED UNDER THE Floring BUSINIESS Corporation ALT (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: JOHN W. FEYL
Office Address: 150 N. DUNBAR ME. SULLOINGC FE B T
OLDSMAR, Florida 34677 (Zip code)
(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.

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.

Address: HARLY L LUKENS, JR. Address: SDD EAST NDLTHWEST HWY STE 950 PAUTINE, IL 60607 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	12. Names	s and business addresses of officers and/or dire	ectors:		
Address: 800 EAST NORTHWEST HWY STE 950 PRATINE, IL 60607 Vice Chairman: Address: Director: Address: B. OFFICERS President: AMDREW J. KANDREPAS Address: 800 EAST NORTHWEST HWY STE 950 PALATINE, IL 60607 Vice President: CHUSTOPHEL L. GEVER Address: 800 EAST NORTHWEST HWY STE 950 PALATINE, IL 60607 Secretary: CHUSTOPHEL L. GEVER Address: 800 EAST NORTHWEST HWY STE 950 PALATINE, IL 60607 Treasurer: HARRY L. LUKENS, JR. 101 ENERGY REPORTED THE STE 950 PALATINE, IL 60607 NOTE: If necessary, voy may attach an addendum to the application listing additional officers and/or directors. 3. When the state of Chairman Vice Chairman, or any officer listed in number 12 of the application) 4. HERRY L. LUKENS, JR. 71 ENSWER	A. DIREC	ctors (DNE)		.•	
Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS President: ANDREW J. KAMBRERS President: ANDREW J. KAMBRERS Address: Step of PALATINE IL GOOT Vice President: CTKLSTOPHEL L. GELER Address: Soo EAST NOETHWEST HWY STE 950 PALATINE IL GOOT Secretary: CHUSTOPHEL L. GELER Address: SOO EAST NOETHWEST HWY STE 950 PALATINE IL GOOT Treasurer: HARLY L. LUKENS, JR. STEP STO PALATINE IL GOOT NOTE: If necessary, voy may attach an addendum to the application listing additional officers and/or directors. 3. NOTE: If necessary, voy may attach an addendum to the application listing additional officers and/or directors. 3. NOTE: If necessary, voy may attach an addendum to the application listing additional officers and/or directors. THE SINER (Signature of Chairman Vice-Chairman, or any officer listed in number 12 of the application) 4. H RRRY L. LUKENS, JR. THE SINER	Chairman: _	ANDREW J. KANDALEPAS			
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4. TITKKY L. LUKEWS, JR INEASURER (Typed or printed name and capacity of person signing application)		• >			cation)
("37" F and support of porson signing application)	.4	(Typed or printed name and capacity	INEUSUR of person signing applic	eation)	

File Number 6165-482-8



To all to whom these Presents Shall Come, Greeting:

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



Desse White