666666734 TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section Division of Corporations	l	
SUBJECT: THE ESAB GROUP, INC. (Na	me of corporation - must include suffix)	
Dear Sir or Madam:	200	-12/04/0T01049002 ******70.00 ******70.00
The enclosed "Application by Foreign "Certificate of Existence", and check a to transact business in Florida.	Corporation for Authorization to Trans are submitted to register the above ref	
Please return all correspondence con	cerning this matter to the following:	
R. KERSHNER	<u>r. </u>	The second of th
	(Name of Person)	 · · · · · · · · · · · · · · · · ·
THE ESAB GROUP, INC		
	(Firm/Company)	
P O BOX 100545	rgpm, seets, see	en e
	(Address)	
FLORENCE, SC 29501-	-0545	ge i e
	(City/State/Zip)	-
Should you need to call someone conc	erning this matter, please call:	O1 DE SECREJ TALLAH
R. KERSHNER	_at (843) 664 5551	SSE C I
(Name of Person)	(Area Code & Daytime Telephone Nu	imber) Tri Q
		P.S. ≥ D
STREET ADDRESS:	MAILING ADDRESS:	9: I J ATE RIDA
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	inte 12/6
Enclosed is a check for the following an	nount:	12/6
X \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$01.30 F	ling Fee,

Certified Copy

TO:

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.	THE ESAB GROUP, 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.	DELAWARE 3.84-0966648	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	11-14-1984 5. <u>PERPETUAL</u>	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	UPON QUALIFICATION (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7.	411 SOUTH EBENEZER ROAD, FLORENCE, SC 29501	
	P O BOX 100545, FLORENCE, SC 29501-0545	
	(Current mailing address)	
9.	SOLICITATION FOR SALE AND DISTRIBUTION OF WELDING EQUIPMENT AND SUPPLIES (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: C T Corporation System Florida, 33324 Plantation (Zip Code)	-
He thi wit the	Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation at the place designated in application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent. (Registered agent's signature)	
11 De	. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the partment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law	, of

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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which it is incorporated.

A. DIRI	ECTORS' (Street address only - P.O. Box NOT acceptable)	
Chairman	SAMUEL F. THOMAS	<u>:</u> :::
Address:_	411 SOUTH EBENEZER ROAD	٠ ـ :
_	FLORENCE, SC 29501	. :
Vice Chai	iman:	- 1- }
Address:		
-		· .a. j
Director:	SAMUEL F. THOMAS	· <u>-</u>
Address:	411 SOUTH EBENEZER ROAD	
	FLORENCE, SC 29501	:
Director:	FRANK T. ENGEL	. :
Address:	2180 SATELLITE BOULEVARD, SUITE 375	
	DULUTH, GA 30097	- 11:4
B. O	FFICERS (Street address only - P.O. Box NOT acceptable)	
Presiden	nt:SAMUEL F. THOMAS	- _ <u>:</u> _
Address	: 411 SOUTH EBENEZER ROAD	 ,
	FLORENCE, SC 29501	
Vice Pre	esident: DAVID P. MURPHY	Ē,
Address	: 411 SOUTH EBENEZER ROAD	= .
	FLORENCE, SC 29501	' I ⊒
Secreta	ry:Frank T. Engel	. :' :
Address	s: 411 SOUTH EBENEZER ROAD	- ;
	FLORENCE, SC 29501	_ ;
Treasur	erRICHARD E. KERSHNER	<u>-</u>
Address	s: 411 SOUTH EBENEZER ROAD	— _{i. i}
	FLORENCE, SC 29501	_ ;
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13.	Wehand Tenke	<u>-</u> ;
1	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. <u>RI</u>	CHARD E. KERSHNER, TREASURER (Typed or printed name and capacity of person signing application)	- :

State of Delaware Office of the Secretary of State PAGE

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE ESAB GROUP, INC." 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 NINTH DAY OF NOVEMBER, A.D. 2001.

O1 DEC -4 PM 9: 11
SECRETARY OF STATE



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 1437206

DATE: 11-09-01

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