

F O I D O O O L O S S I

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

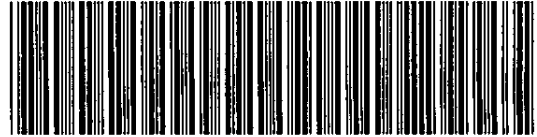
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/24/17--01023--023 **\$5.00

17 MAY 20 17 PM 4:15

And

MAY 30 2017

WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Retro-Tech Systems, Inc.
Name of Corporation

DOCUMENT NUMBER: F01000006381

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Hecimovich

Name of Contact Person

Retro-Tech Systems, Inc.

Firm/Company

853 Eastport Centre Drive

Address

Valparasio, IN 46383

City/State and Zip Code

Elizabeth.Hecimovich@retrotechsystems.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Hecimovich

219

256-7200

Name of Contact Person

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F01000006381

(Document number of corporation (if known))

1. Retro-Tech Systems, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Illinois 3. December 14, 2001
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
Indiana
(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Gary Maynard

Vice President

(Typed or printed name of person signing)

(Title of person signing)

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

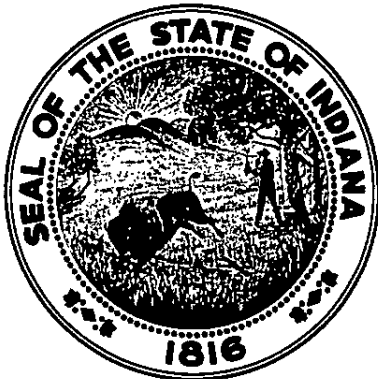
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

RETRO-TECH SYSTEMS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 06, 1995, and was in existence or authorized to transact business in the State of Indiana on May 16, 2017.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 16, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1995100546 / 2017309735

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>