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W.P. Verifier		Amount: \$	

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. TRP Acquisition Co.	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	-
words of appreviations 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. Applied For (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) // (FEI number, if applicable)	<del>-</del>
4. October 9, 2001  (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	===
6. Upon qualification  (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEF SECTIONS 607 1501 607 1502 and 217 155 F.G.)	
(Date first transacted business in Florida, If corporation has not transacted business in Florida, insert the analysis and transacted business in Florida, insert the analysis and transacted business in Florida.	
(552 556 Fiores 607.1301, 607.1302 and 617.133, F.S.)	
7. Harvard Street, Suite 201, Brookline, MA 02445	=
(x interpat office addiess)	
1 Harvard Street, Suite 201, Brookline, MA 02445  (Current mailing address)	
(Current mailing address)	
——————————————————————————————————————	
8. Sale of Truck Parts	
	<u>-</u>
- (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.	
// was registered agent.	
C T Corporation System SALVHA AMENTA-CRAY	
SPECIAL ASSISTANT SECTIONALY	I.e
(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	
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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	SEC
Chairman: Please see attachment	三
Address:	
	ms 2 0
Vice Chairman:	
Address:	~ ~
Divertor	
Director:	
Address:	
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Director:	and the second of the second o
Address:	<u> </u>
B. OFFICERS	
President Charles Cherington	
President: Charles Cherington  Address: 1 Harvard Street, Suite 201, Brookline, MA 02445	
Tolone Dealer	
Vice President: Johnny Ponder	
Address: 60 Madison Avenue, Memphis, TN 38103	And the second s
a series of the	<u>, , , , , , , , , , , , , , , , , , , </u>
Secretary: John Barker	## <u> </u>
Address: 1 Harvard Street, Suite 201, Brookline, MA 02445	
Treasurer:	and the second s
Address:	
	**************************************
NOTE: If necessary, you may attach an addendum to the application listing additional o	fficers and/or directors.
13. John Broken	
(Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)
14. JOHN R. BARKER - SECRETARY	
(Typed or printed name and capacity of person signing application	on)

#### TRP ACQUISITION CO.

#### Attachment to Application for Certificate of Authority

<u>Directors</u> :	SEC TALL
Name	Address = 5
	S
David Wilson	350 Theodore Fremd Avenue, Suffe 300 Rye, NY 10580
Charles Cherington	1 Harvard Street, Suite 201
John Barker	1 Harvard Street, Suite 201 Brookline, MA 02445

## 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 "TRP ACQUISITION CO." 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 TWELFTH DAY OF DECEMBER, A.D. 2001.

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



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 1499274

DATE: 12-12-01

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