

CT CORPORATION

F02000001 240

CORPORATION(S) NAME

KN Leadlogistics, Inc.

FILED
02 MAR 11 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

3/11/02

Order#: 5138066

kf

Ref#:

600005080026--1

-03/11/02--01036--010
*****70.00 *****70.00

Amount: \$

600005080026--1

-03/11/02--01036--011
*****8.75 *****8.75

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.*

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1. KN Leadlogistics, 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. New Jersey

(State or country under the law of which it is incorporated)

3. 04-3591395

(FEI number, if applicable)

4. DEC. 11, 2001

(Date of incorporation)

5. PERPETUAL

(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. 10 EXCHANGE PLACE - 19 FLR.

JERSEY CITY, NJ. 07302

(Current mailing address)

8. FREIGHT FORWARDER

(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

(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.

C T Corporation System

Hillary England, Hillary England, Assistant Secretary

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: ROLF ALTORFER
Address: 21 DOGWOOD DRIVE
BROOKSIDE, NJ. 07926
Vice Chairman: _____
Address: _____
Director: HANS-GEORG BRINKMANN
Address: 1092 GLEN VALLEY RD
OAKVILLE, ONTARIO L6M3K8
Director: _____
Address: _____

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B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: ROLF ALTORFER
Address: 21 DOGWOOD DRIVE
BROOKSIDE NJ 07926
Vice President: _____
Address: _____
Secretary: DETER MESSERLI
Address: 380 MOUNTAIN ROAD
UNION CITY, NJ 07087
Treasurer: _____
Address: _____

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

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. P. MESSERLI Secretary
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

KN LEADLOGISTICS, INC.

With the Previous or Alternate Name

KN 4-PL, INC. (Previous Name)

KN LEAD-LOGISTICS, INC. (Previous Name)

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*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on December 11, 2001.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

Corporation Trust Company
820 Bear Tavern Road
Trenton, NJ 08628

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

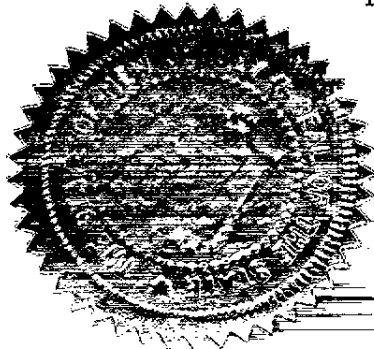
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TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have

hereunto set my hand and
affixed my Official Seal
at Trenton, this
5th day of March, 2002



John E. McCormac

John E McCormac, CPA
State Treasurer