## CT COR DRATION 2 2 0 0 0 0 2 4 1 9 CORPORATIONS) NAME

(1) Robert Arneson, Sales Age	45.4	
(2) Robert Arneson, Sales Age	nt, Inc.	
Fictitious Name:		
Norpac Food Sales		THE
· · · · · · · · · · · · · · · · · · ·	^	
		The second secon
Profit () Nonprofit	() Amendment	() Merger
Foreign	() Dissolution/Withdrawal () Reinstatement	() Merger () Mark
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA
() Certified Copy	() Photocopies	() CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
Name - Availability	5/15/02	Order#: 5346844
Document Examiner Updater	File 1st	-05/15/0201044003 Ref#: *****70 00 ******70 00
Verifier W.P. Verifier	- incent	Amount: \$
660 East Jefferson Stree Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615	Pleax incent  Pleax  Fict App.  The many years  The second of the second	BK

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

TO ORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO THE STATE OF FLORIDA. IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

<ol> <li>Robert Arneson, Sales Agent, Inc.</li> </ol>			•
(Name of corporation; must includ	e the word "INCORPORATED"	', "COMPANY", "CORPORATION" or	
		dicate that it is a corporation instead of a	
natural person or partnership if not	so contained in the name at pres	sent.)	
2. Oregon	3.	93-0568841	
(State or country under the law of v	which it is incorporated)	(FEI number, if applicable)	
4. 12/30/65	5. perpetual		
(Date of incorporation)		on: Year corp. will cease to exist or "perpetual")	
6. when qualified			
	s in Florida.) (SEE SECTIONS	607.1501, 607.1502 and 817.155, F.S.)	
·		, ,	
7. PO Box 1800			
Lake Oswego, OR 97035			
Lake Oswego, OK 97033	(Current mailing address)		
	(Carront maning address)		
8. Frozen and canned food sales	<del></del>		
(Purpose(s) of corporation a	uthorized in home state or count	ry to be carried out in state of Florida)	
Nome and street address of E	larida ragistarad agant. (P	O. Box or Mail Drop Box NOT acceptable)	
9. Name and street address of F	iorida registered agent: (r.	O. Box of Mail Drop Box MOT acceptable)	
Name: CT Corporation S	ystem		
		<del>_</del>	
Office Address: 1200 South Pine 1	sland Road		
Plantation		Elevide 22224	
Flantation	<del></del>	, Florida, <u>33324</u> (Zip code)	
		(Zip code)	
10. Registered agent's acceptan	ce:		
10. XIOGIOTOX OL LIGORE D LICOPPILI.			
Having heen named as registered ag	ent and to accept service of pro	cess for the above stated corporation at the place designated in	
		t and agree to act in this capacity. I further agree to comply	
with the provisions of all statutes rel	ative to the proper and complete	e performance of my duties, and I am familiar with and accept	
the obligations of my position as reg	istered agent.		
C I Corpo	Fration System	^	
—A.	uncer Sywing		
¥a+h] a	Registered agent's signal en Gariepy, Asst. Sec		
		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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 9/2/99 C T System Online

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	80 M. 1/1
Chairman: See attached rider.	
Address:	35/1
	17,00, 13
Vice Chairman:	'96'K' '0
	<del></del>
Address:	
Director:	
Address:	
Director:	·
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: See attached rider.	
Address:	<u></u>
Vice President:	
Address:	
Audicoo.	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or director	ors.
// - /10	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	1)
14. Craig Yamasaki, Secretary/Treasurer	
(Typed or printed name and capacity of person signing application)	

#### Robert Arneson, Sales Agent, Inc. OFFICERS AND DIRECTORS

# ALCONAL SON ISON IN THE PROPERTY OF THE PROPER

#### Officers

Michael J. Wood 4350 SW Galewood Lake Oswego, OR 97035 President

Jerry E. Peacock 4350 SW Galewood Lake Oswego, OR 97035 Executive Vice President

Roy M. Flaherty 4350 SW Galewood Lake Oswego, OR 97035 **Executive Vice President** 

Craig Yamasaki 4350 SW Galewood Lake Oswego, OR 97035 Secretary/Treasurer & Controller

#### **Directors**

Michael J. Wood 4350 SW Galewood Lake Oswego, OR 97035 Steven M. Cerri 4350 SW Galewood Lake Oswego, OR 97035

Jerry E. Peacock 4350 SW Galewood Lake Oswego, OR 97035

Chuck Ferguson 4350 SW Galewood Lake Oswego, OR 97035

Roy M. Flaherty 4350 SW Galewood Lake Oswego, OR 97035 Craig Yamasaki 4350 SW Galewood Lake Oswego, OR 97035

Steven J. Becic 4350 SW Galewood Lake Oswego, OR 97035 Scott S. Melrose 4350 SW Galewood Lake Oswego, OR 97035

James W. Hoag 4350 SW Galewood Lake Oswego, OR 97035

PortInd2-4365936.1 0065264-00001

#### **CERTIFICATE**

### State of Oregon ?

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### ROBERT ARNESON, SALES AGENT, INC.

was

incorporated under the Oregon

**Business Corporation Act** 

on

December 30, 1965

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

By

Marilyn R. Smith

May 8, 2002