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A COLLIECAL INFORMATION SERVICES COMPANY

Tel. 850 222 1092

Fax 850 222 7615

F02000003725

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 Chicago P.P.L., Inc. | | | ILE OF FLORID | | |
|---|---|--|--|---|---------------------------------------|
| (Name of corporation; must include the word "INCO words or abbreviations of like import in language as natural person or partnership if not so contained in the | RPORATED", will clearly indi se name at prese | "COMPANY", "CO cate that it is a corpo nt.) | RPORATION" or ration instead of a | <u> </u> | |
| 2. DE | | 2000 | | | |
| (State or country under the law of which it is incorpora | 3. | 362943188 | | | |
| 4. 09/01/1977 | _ | (PEI NUM | ber, if applicable) | 28 | 92 |
| (Date of incorporation) | Duration: | Year corp. will cear | | S | |
| 6. Upon Filing | | | | tual") | <u> </u> |
| (Date first transacted business in Florida.) (SEE | SECTIONS 60 | 7 1501 607 1502 | d byg yes - a h | <u>``````````````````````````````````</u> | _~ = |
| 7. 705 Creel Drive, Wood Dale, IL 60191 | | **1501,007.1502 8 ∏ | a 817.155, F.S.) | E.FL S | 3 |
| | | | | - 9 2 | _ |
| (Current maili | ing address) | <u> </u> | | <u>_</u> | _တ်ႏ |
| (Purpose(s) of corporation authorized in home states. 9. Name and street address of Florida registered at Name: C T Corporation System Office Address: 1200 South Pine Island Road | ate or country to | be carried out in str | ate of Florida) Box <u>NOT</u> accepts | able) | |
| | | * # * * * * * * * * * * * * * * * * * * | | | · · · · · · · · · · · · · · · · · · · |
| Plantation | | Florida, 33324 | | | |
| | | (Zip code) | | • | |
| 10. Registered agent's acceptance: | | | | | |
| Having been named as registered agent and to accept serve this application, I hereby accept the appointment as registed with the provisions of all statutes relative to the proper and the obligations of my position as registered agent. CT Corporation System | ice of process f ered agent and d complete perf | or the above stated c agree to act in this c ormance of my dutie | corporation at the property. I further s, and I am familic | lace design agree to co ar with and | ated in mply accept |
| Corneis Pagan | | _ | - 4 -, | | 277 L |
| (Registered age | | · | | - - | |
| 11. Attached is a certificate of existence duly authenticated, Department of State, by the Secretary of State or other official which it is incorporated. | not more than 9 al having custoc | 0 days prior to deliv ly of corporate record | ery of this applicati is in the jurisdiction | on to the a under the | law of |

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

| A. DIRE | CTORS (Street address only - P.O. Box NOT acceptable) | | | |
|----------------|--|-----------------|--------------|---------------|
| Chairman | Dr. Christian Potthoff-Sewing | | | <u> </u> |
| Address: | 705 Creel Drive, Wood Dale, IL 60191 | | | : |
| Vice Châ | irman: Karl Zimmennann | | | |
| Address: | 705 Creel Drive, Wood Dale, IL 60191 | | | |
| Director: | |)3 <u>17</u> 11 | ≅ | #177 W#1 |
| Address: | | AHA | JUL 22 | <u></u> |
| Director: | | SEE FI | -P | |
| Address: | | ORIO/ | | |
| B. OFF | TICERS (Street address only - P.O. Box NOT acceptable) | ٠ | | |
| President | Dr. Christian Potthoff-Sewing | | | |
| Address: | 705 Creel Drive, Wood Daie, IL 60191 | | | <u> </u> |
| Vice Pres | sident: Karl Zimmermann | | | :' |
| Address: | 705 Creel Drive, Wood Dale, IL 60191 | · · · | | |
| Secretary | y: Heidi Perioli | | | |
| Address: | 705 Creel Drive, Wood Dale, IL 60191 | | - | . |
| Tressure | r: Karl Zimmermann | | - | |
| Address: | : 705 Creel Drive, Wood Dale, IL 60191 | " | | . |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) | - 4- | ~ | erio ar |
| 14. <u>Hei</u> | idi Perioli, Secretary | -, | - : | |

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CHICAGO P.P.L., 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 NINETEENTH DAY OF SUITE,

A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS FAVE OF STATE OF ST

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES



Warriet Smith Windsor Secretary of State

AUTHENTICATION: 1893552

DATE: 07-19-02

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