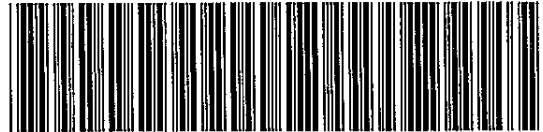


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DIVISION OF CORPORATION

CT CORPORATION

February 26, 2003

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5725582 SO
Customer Reference 1: 44801-0-Full Service
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Full Service Supply Inc. (PA)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Full Service Supply 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. Pennsylvania

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

3. 01-0708186

(FEI number, if applicable)

4. 01/08/2001

(Date of incorporation)

5. Perpetual

(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.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1600 Technology Way, Latrobe, PA 15650

(Principal office address)

same

(Current mailing address)

8. Integrated supplier

(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

(City)

, 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

By: KATH Kevin A. Sebastian, Asst. Secy.

(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

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

14. _____

KEVIN G. NOWE, SECRETARY

(Typed or printed name and capacity of person signing application)

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SECRETARY OF ST,
TALLAHASSEE, FLO

EXHIBIT A**OFFICERS**

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
M. D. Newingham	President	1600 Technology Way, Latrobe, PA 15650-0231
S. T. Toman	Vice President and Chief Financial Officer	1600 Technology Way, Latrobe, PA 15650-0231
Kevin G. Nowe	Vice President and Secretary	1600 Technology Way, Latrobe, PA 15650-0231
J. E. Morrison	Vice President and Treasurer	1600 Technology Way, Latrobe, PA 15650-0231
David W. Greenfield	Assistant Secretary	1600 Technology Way, Latrobe, PA 15650-0231
B. E. Kelly	Assistant Treasurer	1600 Technology Way, Latrobe, PA 15650-0231
L. J. Lanza	Assistant Secretary	1600 Technology Way, Latrobe, PA 15650-0231

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIRECTORS

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
H. P. Mahanes	Director	1600 Technology Way, Latrobe, PA 15650-0231
M. D. Newingham	Director	1600 Technology Way, Latrobe, PA 15650-0231
Kevin G. Nowe	Director	1600 Technology Way, Latrobe, PA 15650-0231

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 FEB
SECRETARY
TALLAHASSEE

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

FEBRUARY 11, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FULL SERVICE SUPPLY INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

ACTING

Burgin Rowe
Secretary of the Commonwealth

TCHI