F0300000 2040

(Requestor's Name)					
(Address)					
ಳ (Address)					
(City/State/Zip/Phone #)					
PICKUP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000016100130

04/23/03--01046--003 **70.00 04/23/03--01046--004 **17.50

O3 APR 23 AM II: 14
DIVISION OF COMPORATION

AK



CT CORPORATION SYSTEM

April 23, 2003

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



Re: Order #: 5832466 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

ORS Nasco, Inc. (OK) Qualification

Florida

ORS Nasco, Inc. (OK)

- Certificate of Status/Authorization-Foreign

Florida

I need soul standings.

2 good standings.

The see!

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.

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

CT CORPORATION SYSTEM

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 COMPLIANC	CE WITH SECTION 607.1503, FLORID.	A STATUTES, THE FOLLOWING ISSUBMITTED TO TE BUSINESS IN THE STATE OF FLORIDA. 🔌 🔨
REGISTERATE	ALIGIV CORPORATION TO TRAINSAC	T BOSHVESS IN THE STATE OF TECHNOA.
1 ORS Nasco, In		
		ATED", "COMPANY", "CORPORATION" of
natural person	or parmership if not so contained in the name	arly indicate that it is a corporation instead of a
_		A.
2. Oklahoma	2. 1. 1. 6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3, 73-0958050 (FEI number, if applicable)
•	y under the law of which it is incorporated)	•••
4. 12/19/1973		5. Perpetual
(Da	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. 2/4/03	<u> </u>	=-
(Date first trans		not transacted business in Florida, insert "upon qualification.")
	(SEE SECTIONS 607.1	501, 607.1502 and 817.155, F.S.)
7. 2348 East Shav	vnec Bypass, Muskogee, OK 74403	
<u> </u>	(Principa) office	address)
same		
	(Current mailing	address)
_ XX7b =1ce1		
8 Audicement	MRO, oil field, marine, industrial and const	uction supplies.
		r country to be carried out in state of Florida)
(Purpose	(s) of corporation authorized in home state of	r country to be carried out in state of Florida)
(Purpose	(s) of corporation authorized in home state of	
(Purpose	(s) of corporation authorized in home state of	r country to be carried out in state of Florida)
(Purpose 9. Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered age c/o C T Corporation System	r country to be carried out in state of Florida)
(Purpose 9. Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered age	r country to be carried out in state of Florida)
(Purpose 9. Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered age c/o C T Corporation System	r country to be carried out in state of Florida) It; (P.O. Box or Mail Drop Box NOT acceptable) Florida 33324
(Purpose 9. Name and st Name:	(s) of corporation authorized in home state of reet address of Florida registered age: c/o C T Corporation System 1200 South Pine Island Road	r country to be carried out in state of Florida) It; (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)
(Purpose 9. Name and st Name: Office Address:	(s) of corporation authorized in home state of reet address of Florida registered age c/o C T Corporation System 1200 South Pine Island Road Plantation (City)	r country to be carried out in state of Florida) It; (P.O. Box or Mail Drop Box NOT acceptable) Florida 33324
(Purpose 9. Name and st Name: Office Address: 10. Registered	(s) of corporation authorized in home state of reet address of Florida registered age: c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance:	r country to be carried out in state of Florida) at; (P.O. Box or Mail Drop Box NOT acceptable) , Florida
(Purpose 9. Name and st Name: Office Address: 10. Registered Having been na designated in th	(s) of corporation authorized in home state of reet address of Florida registered ages c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept sis application, I hereby accept the appo	r country to be carried out in state of Florida) It; (P.O. Box or Mail Drop Box NOT acceptable) , Florida
(Purpose 9. Name and st Name: Office Address: 10. Registered Having been na designated in th further agree to	(s) of corporation authorized in home state of reet address of Florida registered ages c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept sis application, I hereby accept the appoonumply with the provisions of all status	r country to be carried out in state of Florida) at; (P.O. Box or Mail Drop Box NOT acceptable) , Florida33324 (Zip code) ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. I ses relative to the proper and complete performance of my
(Purpose 9. Name and st Name: Office Address: 10. Registered Having been na designated in th further agree to	(s) of corporation authorized in home state of reet address of Florida registered ages c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept sis application, I hereby accept the appo	r country to be carried out in state of Florida) at; (P.O. Box or Mail Drop Box NOT acceptable) , Florida33324 (Zip code) ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. I ses relative to the proper and complete performance of my
(Purpose 9. Name and st Name: Office Address: 10. Registered Having been na designated in th further agree to	(s) of corporation authorized in home state of reet address of Florida registered ages c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept sis application, I hereby accept the appoonumply with the provisions of all status	r country to be carried out in state of Florida) at; (P.O. Box or Mail Drop Box NOT acceptable) , Florida33324 (Zip code) ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. I ses relative to the proper and complete performance of my
(Purpose 9. Name and st Name: Office Address: 10. Registered Having been na designated in th further agree to duties, and I am	(s) of corporation authorized in home state of reet address of Florida registered ages c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appointment of the provisions of all status familiar with and accept the abligation C T Corporation System	r country to be carried out in state of Florida) at: (P.O. Box or Mail Drop Box NOT acceptable) , Florida
(Purpose 9. Name and st Name: Office Address: 10. Registered Having been na designated in th further agree to duties, and I am	(s) of corporation authorized in home state of reet address of Florida registered ages c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appointment of the provisions of all status familiar with and accept the abligation C T Corporation System	r country to be carried out in state of Florida) at: (P.O. Box or Mail Drop Box NOT acceptable) , Florida
(Purpose 9. Name and st Name: Office Address: 10. Registered Having been na designated in th further agree to duties, and I am	(s) of corporation authorized in home state of reet address of Florida registered age: c/o C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the apportant comply with the provisions of all status familiar with and accept the obligation	r country to be carried out in state of Florida) at: (P.O. Box or Mail Drop Box NOT acceptable) , Florida

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.

I),

es and business addresses of officers and/or directors:

	TTORS				
		<u>.</u>			
				*	
					100
					7
	in:				3 m
المعملين الم		<u>-</u>		- <u></u>	0
· Lung					1 1 1 W
Director:		- ·==		÷	8 P
Address:					
Director:				-	
Address:	_		<u>-</u>		
Authors,			-		
Address:	William K. Scheller 2348 East Shawnec Bypass Muskogee, OK 74403				
Vice Presi	ident:				
Address:	_				
Secretary:	Jezn A. Cook				
Address:	2348 East Shawnee Bypass Mi	uskogee, OK 74403			
Treasurer:	;				
Address:					
NOTE: 1	If necessary, you may attach	ller			
49	(Signature of Chairma	n, Vice Chairman, or any o	fficer listed in mu	mber 12 of th	e application)
14. Willi	am K. Scheller, President				
	(Typed or pri)	ated name and capacity of p	erson signing app	lication)	

212-269-5420--07

T-139 P.014/032 F-438

rage 1

At it to Florida

Officers & Directors

Full Name:
 Officer/Director:
 Officer's Title:
 Business Address:

City: State: ZIP Code:

Full Name:
 Officer/Director:
 Officer's Title:
 Business Address:

City: State: ZIP Code:

OK 74403

