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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WEGER KNAPP COMPANY (Name of corporation - must include sufficiency)	x)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Trar "Certificate of Existence", and check are submitted to register the above refet to transact business in Florida.	erenced foreign gopporation
Please return all correspondence concerning this matter to the following:	A PR
JAMES WHITCHER	SE 28
JAMES WHITCHER (Name of Person)	T 2 11
WEBER KNAPP CO.	
(Firm/Company)	05
441 CHANDLER ST. PO BOX 518	, i *
(Address)	
JAMESTOWN, NY 14702-0518	
(City/State and Zip code)	
For further information concerning this matter, please call:	
JAMES WHITCHER at (716) 485-21:	
(Name of Person) (Area Code & Daytime Tele	phone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRES Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32399	n ations
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status	2 \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. WEBER KNAPP COMPANY	
(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 YORK 3. 16 0997721	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
8 8 1972 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
4. 88 1972 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	•
	4600000a
6. UPON QUALIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualifications")	
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	**************************************
	2"Y-1
7. 441 CHANNER ST. JAMESTOWN, NY 14702-0518 (Principal office address)	S. S.
The state of the s	
441 CHANDLER ST. JAMESTOWN, NY 14702-0518 5 ST	
(Current mailing address)	
8. DISTRIBUTE SELL ERGONOMIC COMPONENTS HARDWARE FABRICATED AS	semblie?
(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: JUDY JENKINS - OFFICE FURNITURE CONCEPTS	
Office Address: 2477 JOHNNA COURT	
PALM HARBOR, Florida 34685- 2032 (City) (Zip code)	
(City) (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 p	lace
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac	eity. 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.	
Sea Asslins	
(Paristaval 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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	03
	APR 28
B. OFFICERS	5
President: REX E. McCRAY	B
Address: 441 CHANDLER ST. PO BOX 518)55
JAMESTOUL , NY 14702-0518	
Vice President:	
Address:	· · · · · · · · · · · · · · · · · · ·
Secretary: ROBERT MILLER	
Address: 425 POST RD. FAIRFIELD, CONN. 06430	
Treasurer: ROBERT ZITNEY	
Address: 425 POST R.P. FAIRFIELD, COLIH. 06430)
NOTE: If necessary, you may attach an addendum to the application listing additional office	cers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of Chairman, Vice Chairman, or any officer listed in number 12 of Chairman, Vice Chairman, or any officer listed in number 12 of Chairman, Vice Chairman, or any officer listed in number 12 of Chairman, Vice Chairm	of the application)
14. REX E WCCRAY PRESIDENT (Typed or printed name and capacity of person signing application)	

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of WEBER-KNAPP COMPANY was filed on 07/14/1972, under the name of W. K. KEELER CORPORATION, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment W. K. KEELER CORPORATION, changing its name to WEBER-KNAPP COMPANY, was filed 08/08/1972.

Witness my hand and the official seal of the Department of State at the City of Albany, this 01st day of April two thousand and three.

Secretary of State

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