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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

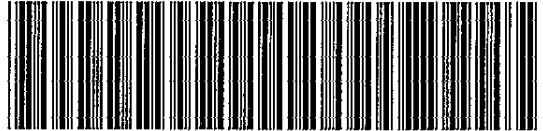
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RECEIVED
03 MAY -5 PM 3:44
DATE
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SECTIONS
MAY 6 2003
TALLAHASSEE, FLORIDA

FILED
03 MAY -5 PM 4:26
TALLAHASSEE, FLORIDA

CT CORPORATION

May 5, 2003

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

Re: Order #: 5834508 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Coupled Products, Inc. (VA)
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,

Katrina Forsman

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

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

FILED
03 MAY -5 PM 4:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

**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. Coupled Products, 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. Virginia

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

3. _____

(FEI number, if applicable)

4. 10/4/02

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 11/15/02

(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. 2910 Waterview Dr., Rochester Hills, MI 48309-3484

(Principal office address)

2910 Waterview Dr., Rochester Hills, MI 48309-3484

(Current mailing address)

8. Manufacture and sale of hose connectors and couplings.

(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: _____


(Registered agent's signature)
Bill S. Apellis, Asst. Secretary

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.

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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: _____

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TALLAHASSEE, FLORIDA

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. A. Glenn Paton, Vice President and Treasurer

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

Attachment
Coupled Products, Inc.

12. A. Directors

Name	Position	Business Address
Joseph A. Bushroe	Sole Director	4500 Dorr Street, Toledo, OH 43615

12. B. Officers

Name	Office	Business Address
Jader Hilzendeger	President	4500 Dorr Street, Toledo, OH 43615
A. Glenn Paton	Vice President and Treasurer	4500 Dorr Street, Toledo, OH 43615
Joseph A. Bushroe	Vice President	4500 Dorr Street, Toledo, OH 43615
Lisa Wurster	Secretary	4500 Dorr Street, Toledo, OH 43615
Christopher J. Czarka	Assistant Treasurer	4500 Dorr Street, Toledo, OH 43615
Theresa S. Whetro	Assistant Secretary	4500 Dorr Street, Toledo, OH 43615

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TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

Coupled Products, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is October 04, 2002.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
February 28, 2003*

Joel H. Peck
Joel H. Peck, Clerk of the Commission