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## FOREIGN PROFIT QUALIFICATION

Kemiron-Trans, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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ON OF CORPORATION

#### 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.

| (Name of cor   | ns, Inc.  |           | · •  |  | Service Health   | .—             |
|--|---|-----------|--|--|--|----------------|
| words or abb   | poration; must include the word "INCORF<br>reviations of like import in language as will<br>n or partnership if not so contained in the r | ii cleari | y indicate that                                    |  |  | <del></del> ,  |
| 2. Delaware  |   | 3.        | 59   | -344   | 6856   |                |
| (State or coun   | try under the law of which it is incorporate  | o()       |  | (FEI numbe   | or, if applicable)   | -              |
| 4. 02/19/1997  |   | 5.        | Perpetual  |  | <del>*</del> ≥   |                |
| Œ  | ate of incorporation)   | <b></b>   | (Duration:   | Year corp. wil   | cease to exist or "perpetual")   | <u> </u>       |
| 6. Upon Qualif   | estion  |           | =  |  |  |                |
| (Date first tran   | sacted business in Florida. If corporation<br>(SEE SECTIONS 60  |           |  |  |  | <del>)</del> . |
| 7 316 Bartow N   | funicipal Airport, Bartow, FL 33830-872   | 7         |  |  |  | j.             |
| ,  | (Principal off  |           | ress)  | <del></del>  |  | <u>.</u> ·     |
| same   |   |           | _  |  | · •  |                |
|  | (Current mail   | ing add   | ress)  | · · · · · · · · · · · · · · · · · · ·  | <del></del>  | -              |
|  | nanufactured product  |           |  |  |  |                |
|  | e(s) of corporation authorized in home sta<br>treet address of Florida registered a   |           |  |  | NOT pagents of the second  | ;<br>;<br>; =  |
|  |   |           |  |  | Box NOT acceptable)  | 3              |
| 9. Name and a  | treet address of Florida registered a   |           |  |  | Box NOT acceptable)  | 3              |
| 9. Name and a  | treet address of Florida registered a   |           |  | Mail Drop l  | Box NOT acceptable)  | 3              |
| 9. Name and a  | treet address of Florida registered a c/o C T Corporation System 1200 South Pine Island Road  |           | (P.O. Box or                                       | Mail Drop l  | Box NOT acceptable)  | 3              |
| 9. Name and a Name: Office Address: 10. Registered Having been no designated in the further agree to | treet address of Florida registered a c/o C T Corporation System 1200 South Pine Island Road Plantation                                   | gent:     | (P.O. Box or process nent as regist elative to the | Mail Drop l  a 3332 (Zip cod  for the abovered agent a proper and as registere | Box NOT acceptable)  SEE FLORIS  See Stated corporation at the and agree to act in this capa complete performance of m | place city. I  |

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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|---|---|---|
| _ | - | _ |

| 10  | Names    | and business   | eddresses of | fofficers | andfor :    | directors |
|-----|----------|----------------|--------------|-----------|-------------|-----------|
| 1 4 | A HITTER | HULL HUNGHISCH | THUS ENGEL U | LUMBER    | TABLE STATE | <b></b>   |

| Chairman: SEE ATTACHMENT             |                                       |               |                         |                                       |        |
|--------------------------------------|---------------------------------------|---------------|-------------------------|---------------------------------------|--------|
| ddress:                              | · · · · · · · · · · · · · · · · · · · |               |                         |                                       |        |
|                                      |                                       |               |                         | ·····                                 |        |
| ice Chairman:                        |                                       |               |                         |                                       |        |
| ddress:                              | ·                                     |               |                         |                                       |        |
|                                      |                                       |               |                         | . J. =2 <sup>1-1</sup> .              |        |
| irector:                             | , <u> </u>                            |               |                         | <u> </u>                              |        |
| ddress:                              |                                       |               |                         | · · · · · · · · · · · · · · · · · · · |        |
|                                      |                                       |               |                         | <del>je j</del> e za                  | ·      |
| irector:                             |                                       |               |                         |                                       |        |
| ddress:                              |                                       |               |                         |                                       |        |
|                                      |                                       | -             |                         |                                       |        |
| OPERCEDS                             | 7                                     |               |                         |                                       |        |
| OFFICERS  resident: SEE ATTACHMENT   |                                       |               |                         |                                       |        |
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| ddress:                              | •                                     |               | ·                       |                                       |        |
|                                      |                                       |               |                         | <u> </u>                              |        |
| ice President:                       |                                       |               | *                       |                                       |        |
| idress:                              |                                       |               |                         | <u> </u>                              |        |
|                                      |                                       |               | <u> </u>                |                                       | 5      |
| cretary;                             | <u> </u>                              |               | <del></del>             | <u> </u>                              |        |
| idress:                              |                                       |               |                         |                                       | ·      |
| easurer:                             |                                       | <del> </del>  | <u> </u>                |                                       | • ,    |
|                                      |                                       |               |                         |                                       |        |
| ldress:                              |                                       |               | •                       |                                       |        |
| OTE: If necessary, you may attach sh | <i>} 1/1//</i>                        | application R | sting additional office | ers and/or direc                      | ctors. |
|                                      | Man                                   | Kr            |                         |                                       |        |

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#### OFFICER AND DIRECTORS OF KEMIRON-TRANS, INC.

| NAME                 | TIME                               | BUSINESS ADDRESS                                      |
|----------------------|------------------------------------|---|
| Lawrence N. Hjersted | President/Chairman                 | 316 Bartow Municipal Airport<br>Bartow, FL 33830-8727 |
| John Marker          | Secretary/<br>VP of Administration | 316 Bartow Municipal Airport<br>Bartow, FL 33830-8727 |
| John Hisken          | VP/Business Development & Finance  | 316 Bartow Municipal Airport<br>Bartow, FL 33830-8727 |
| Evin'L. Netzer       | VP & General Counsel               | 316 Bartow Municipal Airport<br>Bartow, FL 33830-8727 |
| Robert F. Livengood  | Controller                         | 316 Bartow Municipal Airport<br>Bartow, FL 33830-8727 |
| Dan Britt            | Treasurer                          | 316 Bartow Municipal Airport<br>Bartow, FL 33830-8727 |
| Raija Arasjaryi      | Director                           | 316 Bartow Municipal Airport<br>Bartow, FL 33830-8727 |
| Lennart Johansson    | Director                           | 316 Bartow Municipal Airport<br>Bartow, FL 33830-8727 |
| Robert Schreiber     | Director                           | 316 Bartow Municipal Airport<br>Bartow, FL 33830-8727 |
| Yrjo Sipiia          | Director                           | 316 Bartow Municipal Airport<br>Bartow, FL 33830-8727 |

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# Delaware

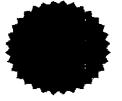
DAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEMIRON-TRANS, 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 TENTH DAY OF SEPTEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Warriet Smith Hinden Harrier Smith Windson, Secretary of State

AUTHENTICATION: 2626510

DATE: 09-10-03