

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 SEP 30 PM 2:59

DOCUMENT # F03000004939

1. Corporation Name

Elmer's Products, Inc.

2. Principal Office Address - No P.O. Box #

460 Polaris Parkway

Suite, Apt. #, etc.

Suite 500

City & State

Westerville

Zip

43082

Country

USA

3. Mailing Office Address

460 Polaris Parkway

Suite, Apt. #, etc.

Suite 500

City & State

Westerville

Zip

43082

Country

USA

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
Incorporated 10/27/1995

5. FEI Number

51-0370365

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

800277619748

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Courtney Williams

Asst. Vice President

Date 09.30.15

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT/ DIRECTOR	Roger Posacki	460 Polaris Parkway, Suite 500	Westerville, OH 43082
EX. V.P. CFO	Douglas A. Kramer	460 Polaris Parkway, Suite 500	Westerville, OH 43082
ASST. SECY	Mary A. LaRue	3000 Centre Sq. W., 1500 Market St.	Philadelphia, PA 19102
2005-2015 REINSTATEMENT			

10. E-mail Address: blange@berwind.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/201

Date

215-575-2350

Daytime Phone #