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| (Requ                       | uestor's Name)  |           |
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| PICK-UP                     | TIAW [          | MAIL      |
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| Certified Copies            | Certificates    | of Status |
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|                             | <del></del>     |           |
| Special Instructions to Fil | ling Officer:   | 1         |
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#### TRANSMITTAL LETTER

|          |                       |                                    | .*  |                                       |
|----------|-----------------------|------------------------------------|---|---------------------------------------|
| TO:      | Registration Section  |                                    |   |                                       |
|          | Division of Corpo     | rations                            |   |                                       |
|          |                       |                                    |   |                                       |
| SUBJ     | ECT:                  | AQUA SIGNAL                        |   |                                       |
|          |                       | (Name                              | e of corporation - must include suff            | ix)                                   |
|          |                       |                                    |   |                                       |
| Dear S   | ir or Madam:          |                                    |   |                                       |
|          |                       |                                    |   |                                       |
| The en   | closed "Application   | by Foreign Corporation for         | or Authorization to Transact Busine             | ess in Florida", "Certificate of      |
|          |                       |                                    | pove referenced foreign corporation             |                                       |
|          | •                     | <u> </u>                           | 3   |                                       |
| Please   | return all correspon  | dence concerning this mat          | ter to the following:                           |                                       |
|          | reard an oomospon     | delige deliger till R title tillet | of to the following.                            | ~ <b></b>                             |
|          |                       | ALENA HEEDE                        |   |                                       |
|          |                       |                                    | (Name of Person)                                | F 4 7                                 |
|          | •                     |                                    | (Name of Ferson)                                | 5年 60 二                               |
|          |                       | AQUA SIGNAL C                      |   | 製品に                                   |
|          |                       |                                    | ·   | 93 - 0                                |
|          |                       |                                    | (Firm/Company)                                  | 常多美                                   |
|          |                       | 1125 ALEXANDE                      | D CIT   | · 2号 <b>克</b>                         |
|          | ·                     | TIES ADEXANDE                      |   | 97 2                                  |
|          |                       |                                    | (Address)                                       | 52                                    |
|          |                       | CARY, IL 60                        | 013   | 25                                    |
|          |                       | (C)+                               | y/State and Zip code)                           | · · · · · · · · · · · · · · · · · · · |
|          |                       | (Cir                               | yrsiate and zip code)                           |                                       |
|          |                       |                                    |   |                                       |
|          |                       |                                    | **  |                                       |
| for fur  | ther information coi  | ncerning this matter, please       | e call:   |                                       |
|          |                       |                                    |   |                                       |
| ת        | TENIA HERENE          | 0.45                               | <b>600 6410 141</b>                             |                                       |
| A        | LENA HEEDE            | at 847                             | -639-6412 x118<br>Code & Daytime Telephone Numb |                                       |
|          | (Name of Perso        | on) (Area                          | Code & Daytime Telephone Numb                   | er) .                                 |
|          |                       |                                    |   |                                       |
|          |                       |                                    |   |                                       |
| STRE     | ET ADDRESS:           |                                    | MAILING ADDRESS:                                |                                       |
| Registr  | ation Section         |                                    | Registration Section                            |                                       |
|          | n of Corporations     |                                    | Division of Corporations                        |                                       |
|          | Gaines St.            |                                    | P.O. Box 6327                                   |                                       |
|          | issee, FL 32399       |                                    | Tallahassee, FL 32314                           |                                       |
| 1 411444 | .0000, 1.20 0.2000    |                                    |   |                                       |
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| X \$7    | 70.00 Filing Fee      | \$78.75 Filing Fee                 |   | \$87.50 Filing Fee,                   |
|          |                       | Certificate of State               | us Certified Copy                               | 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.

| l                                      | AQUA SIGNAL   |  |   |   |
|--|---|--|---|---|
| words or abbro                         | oration; must include the word "ileviations of like import in language or partnership if not so contained | e as will clearly ind                        | "COMPANY", "CORPORATION" of<br>icate that it is a corporation instead of<br>ent.) | r<br>of a                                     |
| 2. ILLI                                | NOIS  | 3.   | 36-3390720  |   |
| ************************************** | try under the law of which it is inc  |  | (FEI number, if appli   | cable)  |
| 4 CEDM                                 | 1 26 100E   | _  |   |   |
| 4. SEPT                                | . 26, 1985 (Date of incorporation)  | 5  | perpetual (Duration: Year corp. will cease to                                     |   |
|  | (out of moorporation)   |  | (Duration: Tear corp. will cease to   | exist of perpetual)                           |
| 6.                                     | UPON QULAIF   |  |   |   |
| (Date first trai                       | 19acted business in Florida, If corp<br>(SEE SECTIO)  | ocration has not tran<br>NS 607.1501, 607.1: | sacted business in Florida, insert "u<br>502 and 817.155, F.S.)                   | pon qualification.")                          |
| 7.                                     | 1125 A  | LEXANDER CT                                  |   | 145 Co 1                                      |
|  |   | (Principal office ad                         | dress)  | (A)   |
|  | 1125 A  | LEXANDER CT                                  | CARY, IL 60013  | 75.60 M                                       |
|  |   | (Current mailing ad                          | dress)  | 13. 15 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| 8. WHOL                                | ESALE DISTRIBUTION  | OF MARINE/B                                  | ONT LICUTE & HODGE  | 67  |
|  |   |  | ountry to be carried out in state of F  | lorida)                                       |
| 9. Name and <u>st</u><br>Name:         | reet address of Florida register  | red agent: (P.O. B                           | ox or Mail Drop Box <u>NOT</u> accep  | table)  |
| Office Address:                        | 1237 S.E. CORAL R   | EEF ST                                       | ·   |   |
|  | PORT ST LUCIE   |  | , Florida 34983   |   |
|  | (City)  |  | (Zip code)  | -   |
|  |   |  |   |   |
|  | gent's acceptance:  |  | was and four this all was printed and assume                                      |   |
|  |   |  | ocess for the above stated corporagistered agent and agree to ac                  |   |
|  |   |  | to the proper and complete perfo  |   |
|  | familiar with and accept the ob   |  |   | -   |
|  | John Kung   | n .  | e e e e e e e e e e e e e e e e e e e   | · .   |
| 11 Attached is a                       |   | egistered agent's sig                        |   | Tehin amaliantian ta                          |
| ii. Anachen 12 8                       | cerunicate of existence duty and  | ichticated, not mor                          | e than 90 days prior to delivery of   | ons 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.

A. DIRECTORS

### 12. Names and business addresses of officers and/or directors:

| Chairman:     | ROLF WAGENFELD VON-THUENEN, STR. 12                      |   |  | • .                                   | ***                                   |             |  |
|---------------|--|---|--|---------------------------------------|---------------------------------------|-------------|--|
| Address: _    | P.O. BOX 45 01 61 D-28307                                | ·                                       | <u> </u>                                     |                                       |                                       | _           | •  |
| _             | BREMEN, GERMANY  |   |  |                                       |                                       | · ·         |  |
| Vice Chairm   | oan:   |   |  |                                       |                                       |             |  |
| Address: _    |  | <del></del>                             | ·  |                                       | <u> </u>                              | <u> </u>    | <u></u>                                      |
| Director:     | POLE MACENEELD   | <del></del>                             |  | <u> </u>                              |                                       | -2          |  |
|               | ROLF WAGENFELD VON-THUENEN, STR. 12                      |   |  |                                       |                                       | 0           | 75   |
| Adaress: _    | P.O. BOX 45 01 61 d-28307                                |   |  |                                       | 7                                     | 19 C        | A LE CONTRACTOR                              |
| <del></del>   | BREMEN, GERMANY  |   |  |                                       |                                       | 70 C        | 4  |
| Director:     |  | <del></del>                             | <u> </u>                                     | · · · · · · · · · · · · · · · · · · · |                                       | 1.00        | 0.   |
| Address: _    |  | ·                                       |  |                                       |                                       |             | 100  |
| B. OFFIC      |  |   |  |                                       |                                       |             | _ <del></del>                                |
| ,             | VON-THUENEN, STR. 12                                     | <u>- 200</u>                            | <u>.                                    </u> | <del></del>                           | <u>-</u>                              | <del></del> | <del></del> ·                                |
| Address: _    | P.O. BOX 45 01 61 D-28307                                | <u> </u>                                |  | <u> </u>                              | .,,                                   | <u></u>     | <del></del> '.                               |
| _             | BREMEN, GERMANY  |   | · · · · · · · · · · · · · · · · · · ·        |                                       | F11 17 1                              | -           | · .  |
| Vice Presider | nt: ALENA HEEDE  | ·                                       |  | <u> </u>                              |                                       | ·           |  |
| Address:      | 7701 OLD POST  | <u> </u>                                |  |                                       |                                       | · · · · ·   | <u>.                                    </u> |
| <del></del>   | CRYSTAL LAKE, IL 60014                                   |   |  |                                       | · · · · · · · · · · · · · · · · · · · |             | · · ·  |
| Secretary:    | W. DAVID BRAUN   | 5 5 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | ;  |                                       |                                       |             | <u> </u>                                     |
| Address:      | 191 N. WACKER DR. SUITE 37                               | 00 CI                                   | LICAGO.                                      | T I,                                  | 6060 <u>6</u>                         |             | . <u></u>                                    |
| Treasurer:    | ROLF WAGENFELD   | <u> </u>                                | <u>;</u> ;                                   |                                       |                                       |             |  |
| Address:      | VON-THUENEN, STR. 12<br>P.O. BOX 45 01 61 D-28307        | BREME                                   | EN, GER                                      | MANY                                  | ·····                                 |             | <u> </u>                                     |
| NOTE: If t    | necessary, you may attach an addendum to the app         | olication lis                           | ting addition                                | al officer                            | s and/or dir                          | ectors.     |  |
| 13.           | Allera Along.  |   | ·  |                                       |                                       |             | . <del></del> .                              |
|               | (Signature of Chairman, Vice Chairman, or any            | y officer lis                           | ted in numb                                  | er 12 of the                          | ne applicati                          | on)         | <del></del>                                  |
| 4             | ALENA HEEDE - EXECUTIVE (Typed or printed name and capac | VICE PR                                 | ESIDENT                                      | nplication                            | )                                     |             |  |

#### File Number

5398-954-3



#### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of December A.D. 2003

Desse White