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(R	equestor's	s Name)	
(A	ddress)		
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(C	ity/State/	Zip/Phone #)
PICK-UP		WAIT	MAIL
(B	usiness E	ntity Name	
(D	ocument	Number)	
Certified Copies	_ c	ertificates o	f Status
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SECSETARY OF STATE

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TRANSMITTAL LETTER

Division of Corpora			
suвјест: <u>Loop1</u>	Name of corporate	national, I ion - must include suffix)	wc.
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence", a transact business in Florida.	and check are submitted to		
Please return all correspond	Υ		, .
, NA \	\	of Person)	
LoopMaster	<u>· Internatio</u>	nal Inc.	-
,	` ` ` ` ` ` `	ompany)	ZEC ZEC
<u>9000 Cons</u>		14	
	(Add	dresk)	TAR ASS
Fort Way		6809	A23 A23
	(City/State	and Zip code)	
For further information con-	cerning this matter, please	call:	D: 49
Heidi Kanorr	at (Alol	1,479-3213	
(Name of Person)	(Area	Code & Daytime Telephon	ne Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the	following amount:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	3 \$78.75 Filing Fee & Certified Copy	☐ \$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. Loop Master International Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Indiana (State or country under the law of which it is incorporated) 3. 35-1845382 (FEI number, if applicable)
4. Jan 17, 1992 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification (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. 5700 W. Minnesota St., Blag E, Indianapoli's IN 468 (Principal office address)
Same as above (Current mailing address)
8. Installation of Genthermal Heat Exchangers 2 [Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridation 17]
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT Corporation System 5th 5
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324 (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 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.
Special assistant 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.

(Registered agent's signature)

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

A. DIRECTORS	
Chairman: See attached	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	<u> </u>
Director:	
Address:	-
	SEC ALL
B. OFFICERS	ARETA AREA
	% 2
	T []
Address:	
	> -0
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application lis	ting additional officers and/or directors.
13. Nume Will and	
(Signature of Director or Officer listed in number 12 of t	F.
14. Duane W. Dennis, Secretary	Ireasurer
(Typed or printed name and capacity of person s	agning application)

LoopMaster International, Inc. Officers and Directors

Office held	Name	Address	City	<u>State</u>	Zip
Officers:					
President & CEO Secretary, Treasurer, & CFO Vice-President	Bruce Ritchey Duane W. Dennis William J. Dean	9000 Conservation Way 9000 Conservation Way 9000 Conservation Way	Fort Wayne Fort Wayne Fort Wayne	IN IN IN	46809 46809 46809
Directors:					
Director & Chairman Director Director	James R. Shields Timothy E. Shields Bruce Ritchey	9000 Conservation Way 9000 Conservation Way 9000 Conservation Way	Fort Wayne Fort Wayne Fort Wayne	IN IN	46809 46809 46809

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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

LOOPMASTER INTERNATIONAL, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 17, 1992, and was in existence or authorized to transact business in the State of Indiana on March 12, 2004.

Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twelfth Day of March, 2004.

TODD ROKITA, Secretary of State

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