

F04000002922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

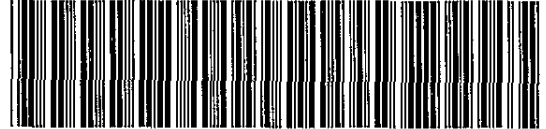
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000036984610

05/26/04--01009--016 \*\*70.00

05/26/04--01009--017 \*\*6300.00

B7C

RECEIVED  
04 MAY 26 AM 11:18  
FILED  
04 MAY 26 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DISTRICT CLERK  
GRIDA

**CT CORPORATION**

May 26, 2004

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

**FILED**  
04 MAY 26 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6088638 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Primex Plastics Corporations (NJ)  
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,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

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

**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. PRIMEX PLASTICS CORPORATION**

(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. NEW JERSEY**

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

**3. 22-2218567**

(FEI number, if applicable)

**4. AUGUST 1, 1978**

(Date of incorporation)

**5. PERPETUAL**

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

**6. JANUARY 1, 1998**

(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. 1235 NORTH F STREET, RICHMOND, IN 47374**

(Principal office address)

**1235 NORTH F STREET, RICHMOND, IN 47374**

(Current mailing address)

**8. MANUFACTURING**

(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 S PINE ISLAND RD**

**PLANTATION**

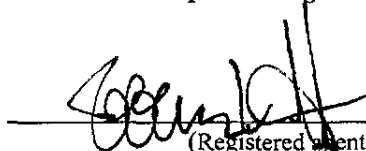
(City)

, 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.*



(Registered agent's signature)

**Jeffrey R. Graves**  
**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.

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

**A. DIRECTORS**

Chairman: **DR. JOHN J. FARBER**

Address: **460 PARK AVENUE**

**NEW YORK, NY 10022**

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: **MICHAEL CRAMER**

Address: **1235 NORTH F STREET**

**RICHMOND, IN 47374**

Director: **FRANK CARDINI**

Address: **1235 NORTH F STREET**

**RICHMOND, IN 47374**

**B. OFFICERS**

President: **MICHAEL CRAMER**

Address: **1235 NORTH F STREET**

**RICHMOND, IN 47374**

Vice President: **FRANK CARDINI**

Address: **1235 NORTH F STREET**

**RICHMOND, IN 47374**

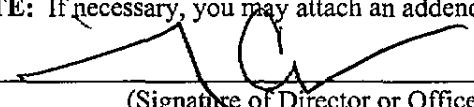
Secretary: **PAUL FALICK**

Address: **460 PARK AVENUE, NEW YORK, NY 10022**

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. **MICHAEL CRAMER/PRESIDENT**  
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

PRIMEX PLASTICS CORPORATION  
0100068186

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on August 1, 1978.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

Louis Pashman  
45 Essex Street  
Hackensack, NJ 07601 5415

*Continued on next page . . .*

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

PRIMEX PLASTICS CORPORATION



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
2nd day of April, 2004

A handwritten signature in cursive script, reading "John E. McCormac".

John E McCormac, CPA  
State Treasurer