

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000130959 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations

Pax Number

: (650)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)222~9428

FOREIGN PROFIT QUALIFICATION

Mechanical Construction, Incorporated

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Plantennia Filing Marry

GOIRANNE FILITA

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.

(Enter name o	Construction Incorporated	
	of corporation; must include "INCORPORAT "Corp," "Inc," "Co," or "Corp.")	'ED," "COMPANY," "CORPORATION,"
(If name unav	silable in Florida, enter alternate corporate re	anc adopted for the purpose of transacting business in Florida)
2. Delaware		3. 23-2672088
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)
4. 11/13/1991		5. Perpenial
()	ete of incorporation)	(Duration: Year corp. will cause to exist or "perpenual")
6. Upon Qualifi	cation	
	sacted business in Florida. If corporation has	not transacted business in Florida, insert "upon qualification,") 501, 607,1502 and 817,155, F.S.)
7, 1500 Chester 1	Pika, Eddystone, PA 19022	
	(Principal office	address)
11me		
· <u></u>	(Current mailing	address)
		• •
e Bailer installa	tion, repair & maintenance, pressure vessel fi	ibrication & weld overlay.
8, Done, and		
(Purpose	(s) of corporation authorized in home state o	country to be carried out in state of Florida)
(Purpose		r country to be carried out in state of Fiorida)
(Purpose 9. Name and st	reet address of Florida registered agen	t: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose		r country to be carried out in state of Fiorida)
(Purpose 9. Name and <u>st</u> Name:	reet address of Florida registered agen	t: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose 9. Name and <u>st</u> Name:	CT Corporation System c/o CT Corporation System, 1200 South Pi	r country to be carried out in state of Fiorida) t: (P.O. Box or Mail Drop Box NOT acceptable) ne Island
(Purpose 9. Name and <u>st</u> Name:	CT Corporation System c/o CT Corporation System, 1200 South Pi Plantation	r country to be carried out in state of Fiorida) t: (P.O. Box or Mail Drop Box NOT acceptable) ne Island
(Purpose 9. Name and <u>st</u> Name:	CT Corporation System c/o CT Corporation System, 1200 South Pi	t: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose 9. Name and st Name: Office Address: 0. Registered a	CT Corporation System c/o CT Corporation System, 1200 South Pi Plantation (City) Igent's acceptance:	r country to be carried out in state of Fiorida) t: (P.O. Box or Mail Drop Box NOT acceptable) ne Island , Florida 33324 (Zip code)
(Purpose 9. Name and st Name: Office Address: 0. Registered a Faving been no	CT Corporation System c/o CT Corporation System, 1200 South Pi Plantation (City) Igent's acceptance; and as registered agent and to accept set	recountry to be carried out in state of Fiorida) t: (P.O. Box or Mail Drop Box NOT acceptable) ne Island , Florida 33324 (Zip code) vice of process for the above stated corporation at the place
(Purpose 9. Name and st Name: Office Address: 0. Registered a leving been not lesignated in thi	CT Corporation System c/o CT Corporation System, 1200 South Pi Plantation (City) Igent's acceptance; and as registered agent and to accept set is application, I hereby accept the appoin	recountry to be carried out in state of Fiorida) t: (P.O. Box or Mail Drop Box NOT acceptable) ne Island , Florida 33324 (Zip code) vice of process for the above stated corporation at the place statent as registered agent and agree to act in this capacity. I
(Purpose 9. Name and st Name: Office Address: 0. Registered a faving been not lesignated in thi further agree to	CT Corporation System CT Corporation System c/o CT Corporation System, 1200 South Pi Plantation (City) Igent's acceptance; and as registered agent and to accept set is application, I hereby accept the appoint comply with the provisions of all statutes is with and accept the obligations of my j	recountry to be carried out in state of Fiorida) t: (P.O. Box or Mail Drop Box NOT acceptable) ne Island , Florida 33324 (Zip code) vice of process for the above stated corporation at the place statent as registered agent and agree to act in this capacity. It relative to the proper and complete performance of my duties
(Purpose 9. Name and st Name: Office Address: 0. Registered a faving been not lesignated in thi further agree to	CT Corporation System c/o CT Corporation System, 1200 South Pi Plantation (City) Igent's acceptance; and as registered agent and to accept set is application, I hereby accept the appoin	recountry to be carried out in state of Fiorida) t: (P.O. Box or Mail Drop Box NOT acceptable) ne Island , Florida 33324 (Zip code) vice of process for the above stated corporation at the place statent as registered agent and agree to act in this capacity. It relative to the proper and complete performance of my duties
(Purpose 9. Name and st Name: Office Address: 0. Registered a faving been not lesignated in thi further agree to	CT Corporation System CT Corporation System c/o CT Corporation System, 1200 South Pi Plantation (City) Igent's acceptance; and as registered agent and to accept set is application, I hereby accept the appoint comply with the provisions of all statutes is with and accept the obligations of my j	recountry to be carried out in state of Fiorida) t: (P.O. Box or Mail Drop Box NOT acceptable) ne Island , Florida 33324 (Zip code) vice of process for the above stated corporation at the place statent as registered agent and agree to act in this capacity. It relative to the proper and complete performance of my duties
(Purpose 9. Name and st Name: Office Address: 0. Registered a faving been not lesignated in thi further agree to	CT Corporation System CT Corporation System c/o CT Corporation System, 1200 South Pi Plantation (City) Igent's acceptance; and as registered agent and to accept set is application, I hereby accept the appoint comply with the provisions of all statutes is with and accept the obligations of my j	recountry to be carried out in state of Fiorida) t: (P.O. Box or Mail Drop Box NOT acceptable) ne Island , Florida 33324 (Zip code) vice of process for the above stated corporation at the place statent as registered agent and agree to act in this capacity. It relative to the proper and complete performance of my duties

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 DERECTORS
Chairman: SEE ATTACHMENT
Address:
Vice Chairman;
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: SEE ATTACHMENT
A ddynae.
- College
Vice President:
Address:
Secretary:
Address:
Leasurer:
Address:
IOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
3. Zance I avs
(Signature of Director or Officer listed in number 12 of the application)
4. Vance R Davis, President (Typed or printed name and capacity of person signing application)

Mechanical Construction, Inc. List of Officers/Directors

Vance R Davis
President/Director

Al Fosbenner Vice President/Treasurer

Joe Nestel Vice President/Secretary

Michael Bray Vice President/Asst Secretary/ Asst Treasurer

Bradley S Vetal Director

Les Austin Director

Address for all of the above:

1500 Chester Pike Eddystone, PA 19022

elaware

The First State

I, HARRIET SHITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MECHANICAL CONSTRUCTION, INCORPORATED" 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 EIGHTEENTE DAY OF JUNE, A.D. 2004.

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

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

2278947 8300 040451991

Harries Smith Windson, Secretary of State

AUTHENTICATION: 3180768

DATE: 06-18-04