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	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UF	P WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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TRANSMITTAL LETTER

Registration Section Division of Corporations
UBJECT: Maccaferri Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," Certificate of Existence," and check are submitted to register the above referenced foreign corporation to ransact business in Florida.
Please return all correspondence concerning this matter to the following:
Gary Cramer
(Name of Person)
Aaccaferri Inc.
(Firm/Company)
0303 Governor Lane Blvd.
(Address)
Villiamsport, MD 21795
(City/State and Zip code)
(City/State and Zip code) For further information concerning this matter, please call: SSET PROPERTY All (301) 223-6910 (Name of Person) (Area Code & Daytime Telephone Number)
at (301) 223-6910
(Name of Person) (Area Code & Daytime Telephone 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:
S \$70.00 Filing Fee \$\ \text{Certificate of Status} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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. Maccaferri,Inc.						
(Enter name of c	corporation; must include "INCORPORAT corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,	79		
(If name unavail	able in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting	business in	Floric	ia)
2. Maryland		3.	13-1208793			
	under the law of which it is incorporated)		(FEI number, if applie	cable)		_
4. August 8,1980		5	Perpetual			
	of incorporation)	٠.	(Duration: Year corp. will cease to	xist or "per	petual	<u>")</u>
6. June 29, 2004						
	(Date first transacted busine		n Florida, if prior to registration) 02, F.S., to determine penalty liability	<i>'</i>)		_
7. 10303 Governo	r Lane Blvd., Williampsort, MD 21795					
	(Principal office	addı	ress)			_
Coral Gables F	inancial Center, 299 Alhambra Circle, C	Cora	Gables, FL 33134 , Ste 914			
	(Current mailing	add	ress)			<u> </u>
Salas office D	totall color of using products used for a	:1	anian anatusi			
	letail sales of wire products used for so b) of corporation authorized in home state of			ide)		
	· -		•	,ua)		
9. Name and stree	et address of Florida registered agent: (P.C	. Box NOT acceptable)			
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Drive		_	SECI: TALL/	04 JUL -9 PH	
	Plantation		, Florida <u>33324</u>	AF.		T
	(City)		(Zip code)	SSE	Ġ	
10. Registered as	gent's acceptance:			<u>j</u> m:	2	E
Having been nam	ed as registered agent and to accept se					
designated in this	application, I hereby accept the appoi omply with the provisions of all statute	ntn	eent as registered agent and agree	to attin ti	his Çaj	pacity. I
	with and accept the obligations of my			perj orm an	ice oj	my aunes
	/ CT Corporation System	n				
	Lather H. Wellow					
_	(Registered agent's signatu	ıre)		_		
4.4 4	Kathryn A. Widdoes, Assist	an				
11. Attached is a c	certificate of existence duly authenticat State, by the Secretary of State or othe	ed,	not more than 90 days prior to deli	very of this	s appli	ication to
Dopartition of	ome, of an occasing of our of our	- 01	merm merming consolution of controllate i	TH COLOR	ա. ա. յա	TOCTORIOTY

under the law of which it is incorporated.

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

A. DIRECTORS	
Chairman: Alessandro Maccaferri	
Address: via Degli, Agresta, 6	
Bologna, Italy 40123	
Vice Chairman: Luigi Penzo	
Address: via Degli, Agresta, 6	
Bologna, Italy 40123	
Director: Paolo Raponi	
Address: 10303 Governor Lane Blvd.	
Williamsport, MD 21795	
Director: Massimo Ciarla	
Address: 10303 Governor Lane Blvd.	
Williamsport, MD 21795	
B. OFFICERS	
CEO Paolo Raponi	
Address: 10303 Governor Lane Blvd.	
Williamsport, MD 21795	
President: Massimo Ciarla	
Address: 10303 Governor Lane Blvd.	
Williamsport, MD 21795	
Secretary: Giuseppe Giannattasio	FE
Address: 10303 Governor Lane Blvd., Williamsport, MD 21795	TT D
Treasurer: Giuseppe Giannattasio	
Address: 10303 Governor Lane Blvd., Williamsport, MD 21795	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)	
Massimo Ciarla, President	
(Typed or printed name and capacity of person signing application)	

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND. DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE. IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MACCAFERI, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 21, 2004.

Paul B. Anderson Charter Division

