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Division of Corporation

CT CORPORATION

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

Elrod Corporation

Certificate of Status	0
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SECRETARY OF CORPORATION
DIVISION OF CORPORATION

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CT CORPORATION

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. Elrod Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
Elrod Corporation of Indiana
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Indiana 3. 35-1763304
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/31/1988 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 04/01/2004
(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. 1410 Hancock Parkway, Mooresville, IN 46158
(Principal office address)
same
(Current mailing address)
8. See Attachment
(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: CT Corporation System
Office Address: c/o CT Corporation System, 1200 South Pine Island
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.
CT Corporation System
By: Connie Bayan *Special Auth. Secy*
(Registered agent's signature)
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:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS: SEE ATTACHMENT**President: Jeffrey L. ElrodAddress: 1410 Hance ParkwayMooreville, IN 46158

Vice President: _____

Address: _____
_____Secretary: Mary Ann WaymireAddress: 1410 Hance Parkway Mooreville, IN 46158

Treasurer: _____

Address: _____

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

13. Mary Ann Waymire
(Signature of Director or Officer listed in number 12 of the application)14. Mary Ann Waymire, Secretary
(Typed or printed name and capacity of person signing application)

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Attachment to Florida

Purpose Clause

Fabrication and installation of spectator structures such as bleachers, grandstands, both permanent and temporary.

Officers & Directors

- | | | |
|----|-------------------|----------------------|
| 1. | Full Name: | Jeffrey L. Elrod |
| | Officer/Director: | Officer |
| | Officer's Title: | President |
| | Business Address: | 1410 Hanceel Parkway |
| | City: | Moorestville |
| | State: | IN |
| | ZIP Code: | 46158 |
| 2. | Full Name: | Dale K. Elrod |
| | Officer/Director: | Officer |
| | Officer's Title: | CFO |
| | Business Address: | 1410 Hanceel Parkway |
| | City: | Moorestville |
| | State: | IN |
| | ZIP Code: | 46158 |
| 3. | Full Name: | Mary Ann waymire |
| | Officer/Director: | Officer |
| | Officer's Title: | Secretary |
| | Business Address: | 1410 Hanceel Parkway |
| | City: | Moorestville |
| | State: | IN |
| | ZIP Code: | 46158 |

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

To Whom These Presents Come, Greetings:

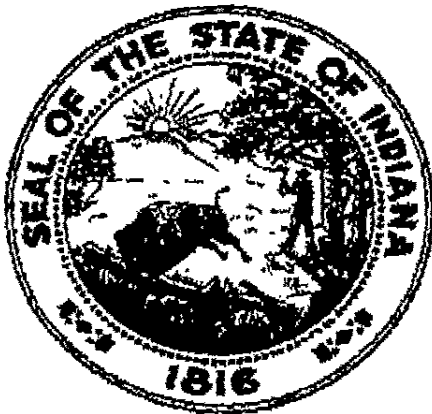
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

ELROD CORPORATION

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 31, 1988, and was in existence or authorized to transact business in the State of Indiana on August 12, 2004.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the 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 August, 2004.

A handwritten signature in black ink, appearing to read "Todd Rokita".

TODD ROKITA, Secretary of State

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