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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP ☐ WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Certified Copies _ wood-46327 Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 20, 2004

MELANIE JONES 191 METRON CENTER WAY KNOXVILLE, TN 37919

SUBJECT: METRON NORTH AMERICA, LTD.

Ref. Number: W04000046327

We have received your document for METRON NORTH AMERICA, LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 904A00070565

FILED



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December 7, 2004

Florida Department of State Registration Section 409 East Gaines Street Tallahassee, FL 32399

Re: Metron North America, Ltd.

Dear Sir/Madam:

In connection with the above-referenced corporation, enclosed please find an Application for Authority to do business in your state.

Please find enclosed a check in the amount \$78.75 total, \$70.00 for the application fee and \$8.75 for the certified copy.

If you have any questions concerning this filing, please contact me at the number listed below. Thank you for your professional courtesy.

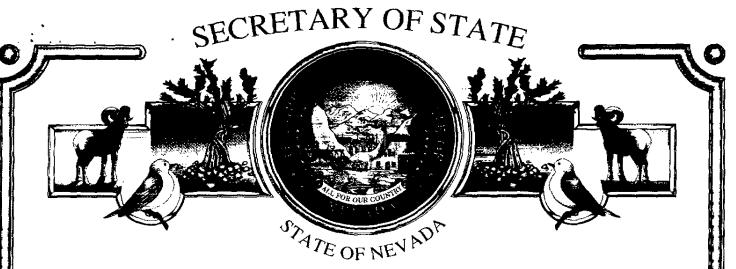
Sincerely,

Melanie Jones Legal Affairs Manager

APPLICA	TION BY FOREIGN CORPOR			
		ESS IN FLOR		ED
N COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, FLORE EIGN CORPORATION TO TRANSA)A STATUTES, ICT BUSINESS	THE FOLLOWING IS SUBMIT IN THE STATE OF FLORIDA.	TTED TO
		~ LC5. IK		-
	orporation; must include "INCORPORA"	TED," "COMPA	NY," "CORPORATION,"	CONTRACTOR STATE
Inc., "Co.," "Co	orp," "Inc," "Co," or "Corp.")			· · r CDRIDA
(If name unavails	ible in Florida, enter alternate corporate i	name adopted for	the purpose of transacting busines	s in Florida)
e Alexan	h	3 62	-1629600	
(State or country	under the law of which it is incorporated		(FEI number, if applicable)	
. <u> </u>	12001	_ 5	nernetual	
(Date	of incorporation)	(Duration:	Year corp. will cease to exist or "	'perpetual")
5	·			
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6			
ליכטי וטו	- 1		TN 37919	
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	(Principal offic	e address)	10 01919	
Sam	J			
	(Current mailin	g address)		
s mpoliair	Le of consumer electr	ouice 4	ocruices	
(Purpose(s) of corporation authorized in home state	or country to be	carried out in state of Florida)	
9. Name and stree	t address of Florida registered agent:	(P.O. Box <u>NO</u>	Tacceptable)	
Name:	Business Filings In	scoroorale	d	
Dec A 44	1010 F. Jellerson	42		
Office Address:	0			
	Tallahassee	, Flor		
	(City)		(Zip code)	
Having been nam designated in this further agree to c	gent's acceptance: ed as registered agent and to accept application, I hereby accept the app omply with the provisions of all state with and accept the obligations of n	ointment as reg utes relative to t	istered agent and agree to act i he proper and complete perforn	n this capacity. I
-	(Registered agent's signa	lark Scature)	chiff, AVP	

- 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	FUED
Chairman:	2 1111
Address:	
	\$200.00 Mar 300.00 Market 100.004
lice Chairman:	
ddress:	
Director: James R Crabtree	
address: 191 Metron Center War	4 KNOKUILL TU 37919
irector: Jeffrey L Crobbree	
ddress: 191 Metron Center Wa	y throxuille TN 37919
. OFFICERS	
resident: James R Crabtree Address: 191 Metron Center W	lay Knowille TKI 37919
ice President:	
ddress:	
ecretary: Jeffrey L Crabtree	
address: 191 Metron Center War	+ KNOWILL TR 37919
reasurer: James R Crabtel	
Address: 191 Metroni Center Way	Knowille TN 37919
\mathcal{I}	the application listing additional officers and/or directors.
	er listed in number 12 of the application)
14. Jables R Crobbree	President



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **METRON NORTH AMERICA**, **LTD**., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **November 28, 2001**, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **December 3, 2004.**

antesh Chardwaj

DEAN HELLER Secretary of State

Certification Clerk