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(Reque	estor's Name)	
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(City/St	tate/Zip/Phone #)	•
PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	
(Docum	nent Number)	·
Certified Copies	Certificates of Status	,
Special Instructions to Filin	ng Officer:	
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CT CORPORATION

March 1, 2005

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

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Re:

Order #: 6307621 SO

Customer Reference 1:

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

True Distribution Company, Inc. (MO) Qualification Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned 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

			RIDA STATUTES, THE FOLLOWING IS S SACT BUSINESS IN THE STATE OF FLO	
1.	True Distrib	ition Company, Inc.		
		poration; must include "INCORPORATE	ED," "COMPANY," "CORPORATION," "Inc.,"	ORDE SS
	(If name unavailab	le in Florida, enter alternate corporate na	me adopted for the purpose of transacting business	in Florida)
2	Missouri		3. 20-0212680	TAR OF
2.		nder the laws of which it is incorporated)		最
4.	June 30, 2003		5. perpetual	PO 1
	(Date of incorporat		(Duration: Year corp. will cease to	exist or perpetualt)
6.		(Data First transacts	ed business in Florida, if prior to registration)	75 T
7.	301 Cannonb	all Lane, P.O. Box 970, O'Fa	Ilon, Missouri 63366 (Principal office address)	>
		((Current mailing address)	
8.	Distributor of	f commercial refrigeration pr	roducts.	
			d in home state or country to be carried out in state	of Florida)
9.	Name and street	address of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)	
	Name:	CT Corporation System	<u> </u>	
	Office Address:	1200 South Pine Island Road		
		Plantation	, Florida <u>33324</u>	
		(City)	(Zip Code)	
Ha this wit	s application, I her h the provisions of	as registered agent and to accept ser reby accept the appointment as regis f all statutes relative to the proper an position as registered\agent.	vice of process for the above stated corporation tered agent and agree to act in this capacity. In a complete performance of my duties, and I will be agent's signature.	I further agree to comply

- 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: Robert J. Trulaske, Jr.
Address: 301 Cannonball Lane
O'Fallon, Missouri 63366
Vice Chairman: Steven L. Trulaske
Address: 301 Cannonball Lane
O'Fallon, Missouri 63366
Director:
Address:
B. OFFICERS
President: Robert J. Trulaske, Jr.
Address: 301 Cannonball Lane
O'Fallon, Missouri 63366
Vice President: Steven L. Trulaske
Address: 301 Cannonball Lane
O'Fallon, Missouri 63366
Secretary: Robert J. Trulaske, Jr.
Address 301 Cannonball Lane
O'Fallon, Missouri 63366
Treasurer:
Address:
NOTE: If recessary, 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)
14. Robert J. Trulaske, Jr. President (Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

TRUE DISTRIBUTION COMPANY, INC. 00529106

was created under the laws of this State on the 30th day of June, 2003, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 25th day of February, 2005

in Camahan

Secretary of State

Certification Number: 7412758-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification