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CORPORATION SYSTEM

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Division of Corporations

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

New EXM Inc.

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

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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. New EXM Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kentucky

(State or country under the law of which it is incorporated)

3. 20-0865835

(FBI number, if applicable)

4. 03/15/2004

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 50 E. RiverCenter Boulevard, P.O. Box 391, Covington, KY 41012-0391

(Principal office address)

Attn: State Income Tax, P.O. Box 14000 Lexington, KY 40512

(Current mailing address)

8. transportation construction and chemical company

(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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 Susan J. Metz
(Registered agent's signature)

Susan J. Metz

Assistant Secretary

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 SEE ATTACHMENT

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Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: James J. O'BrienAddress: 50 E. RiverCenter Boulevard, P.O. Box 391Covington, KY 41012-0391

Vice President: _____

Address: _____

Secretary: David L. HausrathAddress: 50 E. RiverCenter Boulevard, P.O. Box 391 Covington, KY 41012-0391Treasurer: J. Marvin QuinAddress: 50 E. RiverCenter Boulevard, P.O. Box 391 Covington, KY 41012-0391**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. David L. Hausrath

(Signature of Director or Officer listed in number 12 of the application)

14. David L. Hausrath, Secretary

(Typed or printed name and capacity of person signing application)

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DIRECTORS

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Name

Address

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James J. O'Brien

50 E RiverCenter Boulevard
Covington, KY 41012-0391

David L. Hausrath

50 E RiverCenter Boulevard
Covington, KY 41012-0391

J. Marvin Quin

50 E RiverCenter Boulevard
Covington, KY 41012-0391



Trey Grayson
Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

NEW EXM INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is March 15, 2004 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27th day of April, 2005.



Trey
Trey Grayson
Secretary of State
Commonwealth of Kentucky
Klong/0580251 - Certificate ID: 13700