

Florida Department of State  
Division of Corporations  
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## FOREIGN PROFIT QUALIFICATION

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SER.# : BROE4J579534

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FLORIDA PROFIT CORPORATION OR P.A.

CDC Corporation

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JUN-23-2005 13:42

CT CORPORATION CLEVELAND

216 621 4059 P.02/05

# 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. CDC Corporation

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

CDC Corporation (Wisconsin)

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

2. Wisconsin

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

3. 39-1830456

(FEI number, if applicable)

4. 08/17/1995

(Date of incorporation)

5. Perpetual

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

6. 06/16/2005

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

7. 800 Gustafson Road, Ladysmith, WI 54848

(Principal office address)

Suite

(Current mailing address)

8. Design and manufacture of acoustical wall and ceiling products.

(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 as 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: [Signature]

(Registered agent's signature)

JOYCE A. GILBERT  
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**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS SEE ATTACHMENT**President: Thomas J. CransyAddress: One Owens Corning PkwyToledo, OH 43639

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Roy D. DeanAddress: One Owens Corning Pkwy Toledo, OH 43639

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Thomas J. Cransy

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

14. Thomas J. Cransy, President

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

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## Attachment

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Attachment to Florida  
Officers & Directors

- 
- |    |                                                                                                                                                                                    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Full Name: Thomas J. Craney<br>Officer/Director: Officer<br>Officer's Title: President<br>Business Address: One Owens Corning Pkwy<br>City: Toledo<br>State: OH<br>ZIP Code: 43659 |
| 2. | Full Name: Roy D. Dean<br>Officer/Director: Officer<br>Officer's Title: Secretary<br>Business Address: One Owens Corning Pkwy<br>City: Toledo<br>State: OH<br>ZIP Code: 43659      |
| 3. | Full Name: Ralph A. Than<br>Officer/Director: Director<br>Officer's Title:<br>Business Address: One Owens Corning Pkwy<br>City: Toledo<br>State: OH<br>ZIP Code: 43659             |

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United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

**CDC CORPORATION**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 17, 1995.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 21, 2005.

RAY ALLEN, Deputy Administrator  
Division Of Corporate & Consumer Services  
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/appa/cca/verify/>

Enter this code: 14576-49E2A702