	Requestor's Name)	
· ·	, ,	
(/	Address)	
	Address)	
((	City/State/Zip/Phone#)	
PICK-UP	WAIT	MAIL
(i	Business Entity Name)	
(I	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
		aks
<u>.                                    </u>	Office Use Only	



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#### TRANSMITTAL LETTER

то:	Registration Se Division of Co					
SUB.	JECT:	Poma Glass &	Specialty Window	s, Inc.		
			tion - must include suffix)			
Dear :	Sir or Madam:					
"Certi		tion by Foreign Corporation f re," and check are submitted t rida.				
Please	e return all corresp	pondence concerning this mat	ter to the following:		=1.0	0,5
	С	hristopher F. Cor	renti		台	05 SEF
		(Name	of Person)		र ति	U
	A	FG Industries, In	c.		-	2
		(Firm/	Company)		<u> </u>	WIII: 5
	1	400 Lincoln Stree	+		ESE AES	
			ddress)		>	Ü
	К	ingsport, TN 376	60			
		<del></del>	te and Zip code)			
		` '	• •			
For fu	rther information	concerning this matter, pleas	e call:			
<u>Chr</u>	istopher F (Name of Pers	<u>Correnti</u> at ( <u>42</u> : on) (Are	3 ) 229-7298 ea Code & Daytime Teleph	one Number)		
	STREET ADI Registration Se Division of Co 409 E. Gaines S Tallahassee, FI	ction rporations St.	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		
Enclo	sed is a check for	the following amount:				
<b>57</b> \$7	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of Certified Cop	Status	&

## 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. Poma G (Enter name of c "Inc.," "Co.," "C	ilass & Specialty Windox corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,	The. " "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business in Florida)	
2. <u>Ohio</u>		_3.		
(State or country	under the law of which it is incorporated)	_	(FEI number, if applicable)	
4. 4/27	/88	5,	Perpetual	
(Date	of incorporation)	•	Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
6. NA				
	(Date first transacted busine (SEE SECTIONS 607,1501 & 60	555 li 97. I 5	a Florida, if prior to registration)  602, F.S., to determine penalty liability)	
7365	McClurg Street, E., Boa	rd	man, Ohio 44512	
	(Principal office	addi	ress)	05
sam	e as above			SE
	(Current mailing	addı	ress)	1
_			ere Zinger general	N)
8. Fab	rication and Sale of Gl	as	S C	2
(Furposets	s) or corporation authorized in nome state of	21 CO	unity to be carried out in state of Piorida)	AH II: 5
9. Name and street	et address of Florida registered agent: (	(P.C	Box NOT acceptable)	57
Name:	CT Corporation	_		
Office Address:	1200 South Pine Islan	نــــــــــــــــــــــــــــــــــــــ	Road	
	Plantation (City)		, Florida_ <u>33324</u> (Zip code)	
Having been nam designated in this further agree to c	application, I hereby accept the appoint	intm es re	ce of process for the above stated corporation at the plac tent as registered agent and agree to act in this capacity tlative to the proper and complete performance of my di tition as registered agent.	. I
	Mary Q. asl	$\mathcal{U}_{\mathcal{I}}$	MARY R. ADAMS ASSISTANT SECRETARY	
-	(Registered agent's signatu	ırc)		

- 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: <u>See attached</u> Address: Vice Chairman: Address: \_\_\_\_ Director: Director: Address: B. OFFICERS President: See attached Address: \_\_\_\_\_ Vice President: Address: \_\_\_\_\_ Secretary: \_\_\_ Address: \_\_\_\_\_\_\_ Address: \_\_\_\_\_ ath an addendum to the application listing additional officers and/or directors. NOTE: If necessary you 13. \_\_\_\_ of Director or Officer listed in number 12 of the application) 14. \_\_\_\_Christ er F. Correnti Secretary

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

## POMA GLASS & SPECIALITY WINDOWS, INC.

#### **BOARD OF DIRECTORS**

John Litzinger

1400 Lincoln Street Kingsport, TN 37660

Christopher F. Correnti

1400 Lincoln Street Kingsport, TN 37660

### POMA GLASS & SPECIALITY WINDOWS, INC.

#### **OFFICERS**

John Litzinger	President	1400 Lincoln Street Kingsport, TN 37660			
John Stilwell	V. President	1400 Lincoln Street Kingsport, TN 37660			
Doris Ladd	CFO	1400 Lincoln Street Kingsport, TN 37660			
Rob Luffman	Fabrication Group Controller	1400 Lincoln Street Kingsport, TN 37660			
Christopher F. Correnti	Secretary	1400 Lincoln Street Kingsport, TN 37660			
Robert Dobie	V. P. Taxes	2201 Water Ridge Parkway Charlotte, NC 28217			
Greg Vance	General Manager Residential	1400 Lincoln Street Kingsport, TN 37660	FAIL ST	05 SEP .	
Billy Blair	General Manager Commercial	3200 Austell Road Marietta, GA 30008	STAI FI STAI	-2 MI	
Mike Elliott	Fabrication Sales Director	1400 Lincoln Street Kingsport, TN 37660	TATE	MII: 57	
John C. Bowles	Assistant Secretary	1400 Lincoln Street Kingsport, TN 37660			

# United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show POMA GLASS & SPECIALTY WINDOWS INC., an Ohio corporation, Charter No. 723862, having its principal location in Youngstown, County of Mahoning, was incorporated on April 27, 1988 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of August, A.D. 2005

Ohio Secretary of State

Validation Number: V2005224AACBE4