# F05000006014

(Re	questor's Name)	
(Ad	idress)	
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(Čit	ty/State/Zip/Phon	e #)
	WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Dc	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
ļ	Office Use Or	









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CORPORATION SERVICE COMPANY

	ACCOUNT NO.	:	072100000032	
	REFERENCE	;	652718 4379710	
	AUTHORIZATION	:	tatricia typeto	3 4
	COST LIMIT	:	\$ 70.00	ALC: CA
ORDER DATE :	October 14, 2005			O HA DATES
ORDER TIME :	11:31 AM			FLOTA TO
ORDER NO. :	652718-005			AULT
CUSTOMER NO:	4379710			

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### FOREIGN FILINGS

· NAME:

CARLISLE POWER TRANSMISSION PRODUCTS, INC.

XXXX QUALIFICATION (TYPE: <u>CO</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER:

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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# 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. Carlisle Po	wer Transmission Products, I	nc.	5
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ΈD,	" "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Floridar
2. Nevada		3.	16-1562713
(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)
t. <u>1/27/1999</u>		5.	perpetual
(Date	of incorporation)	-	(Duration: Year corp. will cease to exist or "perpetual")
5.			
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)
- 1 Practice 1	Place, Miamisburg, OH 45342		
	(Principal office	add	iress)
250 S Clin	con Street, Suite 201, Syracu		
	(Current mailing		
	r of industrial belts		· · · · · ·
(Purpose(s	) of corporation authorized in home state	or co	ountry to be carried out in state of Florida)
9. Name and <u>stree</u>	t address of Florida registered agent:	(P.C	D. Box <u>NOT</u> acceptable)
	~ ~ . ~	v	
Name:	Corporation Service Compan		
	1201 Hays Street	<u> </u>	
Name: Office Address:			, Florida <u>32301</u>

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.

Corporation Service Company -Authorized Representative taule By: (Registered agent's signature)

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	
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Chairman: Stephen P. Munn

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Address: 13925 Ballantyne Corporate Place, Suite 400

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Charlotte, NC 28277

Vice Chairman:

Address: \_\_\_\_

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Director: Carol P. Lowe

Address: 13925 Ballantyne Corporate Place, Suite 400

Charlotte, NC 28277

Director: Steven J. Ford

Address: 250 S. Clinton Street, Suite 201

Syracuse, New York 13202

## **B. OFFICERS**

President: Barry Littrell

Address: 23 Windham Boulevard

Aiken, SC 29805-9384

Vice President: Carol P. Lowe

Address: <u>13925 Ballantyne Corporate Place</u>, Suite 400

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Charlotte, NC 28277

Secretary: \_Steven J. Ford

Address: 250 S. Clinton Street, Suite 201, Syracuse, NY 13202

Treasurer:

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

NOTE: If nec	cessary, you may attach a	n addendum to the	application lis	ting additional off	ficers and/or direc	tors.
13.	fort					
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(Signature of Director or Officer listed in number 12 of the application)

14. Steven J. Ford, Secretary

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



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