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CT CORP

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Division of Corporations

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Florida Department of State  
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CT CORPORATION

FOREIGN PROFIT QUALIFICATION

Scholle Packaging, Inc.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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. Scholte Packaging, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")  
  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Nevada 3. 02-0751751  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/19/2005 5. Perpetual  
(Date of incorporation) (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. 18101 Von Karman Ave, Suite 550, Irvine, CA 92612  
(Principal office address)  
  
same  
(Current mailing address)
8. See Attachment  
(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: C T Corporation System  
  
Office Address: 1200 South Pine Island Road  
  
Plantation \_\_\_\_\_, Florida 33324  
(City) (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.*  
C T Corporation System  
M. T. Fitzpatrick  
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:

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**A. DIRECTORS**Chairman: William J. ScholleAddress: 18101 Von Karman Ave, Suite 550Irvine, CA 92612

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

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

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

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

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

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

**B. OFFICERS** *SEE ATTACHMENT*President: Leon GianneschiAddress: 18101 Von Karman Ave, Suite 550Irvine, CA 92612

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

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

Secretary: Martin D. BellAddress: 18101 Von Karman Ave, Suite 550 Irvine, CA 92612Treasurer: Jim SamsonAddress: 360 W. Butterfield, Suite 300 Elmhurst, IL 60126**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. Martin D. Bell

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

14. Martin D. Bell, Vice President

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

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Attachment

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Attachment to Florida

**Purpose Clause**

To engage in the business of manufacturing, buying, selling or dealing in flexible packaging and related films, fittings and equipment, chemicals, chemical products and containers for chemical and chemical products.

**Officers & Directors**

1. Full Name: William Borkett  
Officer/Director: Officer  
Officer's Title: Chief Financial Officer  
Business Address: 18101 Von Karman Ave, Suite 550  
City: Irvine  
State: CA  
ZIP Code: 92612
2. Full Name: William J. Scholle  
Officer/Director: Officer, Director  
Officer's Title: Chief Executive Officer  
Director's Title: Chairman  
Business Address: 18101 Von Karman Ave, Suite 550  
City: Irvine  
State: CA  
ZIP Code: 92612
3. Full Name: Leon Gianneschi  
Officer/Director: Officer  
Officer's Title: President  
Business Address: 18101 Von Karman Ave, Suite 550  
City: Irvine  
State: CA  
ZIP Code: 92612
4. Full Name: Martin D. Bell  
Officer/Director: Officer  
Officer's Title: Secretary  
Business Address: 18101 Von Karman Ave, Suite 550  
City: Irvine  
State: CA  
ZIP Code: 92612
5. Full Name: Jim Samson  
Officer/Director: Officer  
Officer's Title: Treasurer  
Business Address: 360 W. Butterfield, Suite 300  
City: Elmhurst  
State: IL  
ZIP Code: 60126

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## SECRETARY OF STATE



### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation sales, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SCHOLLE PACKAGING, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 19, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 18, 2005.

A handwritten signature of Dean Heller in cursive.

DEAN HELLER  
Secretary of State

By Rhonda J.  
Certification Clerk



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