PAGE 1/ 4

Division of Corporations Public Access System

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To:

Division of Corporations

Pax Number : (850)205-0383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

FOREIGN PROFIT QUALIFICATION

WAUKESHA BEARINGS CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$2,370.00

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Public Access Help.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN PLORIDA**

IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, FLORIDA EIGN CORPORATION TO TRANSAC	SI F.B	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF PLORIDA. ""COMPANY," "CORPORATION,"
Wankesha Bearin	ngs Corporation		i i i i i i i i i i i i i i i i i i i
(Enter name of co "Inc.," "Co.," "Co	rgoration; must include "INCORFORATE rp," "Inc," "Co," or "Corp.")	D,	"COMPANY," "CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate nac	DC I	adopted for the purpose of transacting business in Florida)
2. Wisconsin		3.	39-0800793
(State or country of	nder the law of which it is incorporated)		(FEI number, if applicable)
4. July 25, 1950		5.	Perpetual
(Date o	of incorporation)		(Duration: Year corp. will cease to exist or "perpenual")
6. 20	5		
7. W231 N2811 Ro	andy Circle East, Suite 200, Pewankee, Wi (Principal office a		
W231 N2811 Ros	undy Circle East, Suito 200, Pewaukee, WI	53	HD72
	(Current mailing a		
2. To engage in any	lawful act or activity for which corporatio	i ts 1	may be organized
(Purpose(s)	of corporation authorized in home state or	co	suntry to be carried out in state of Florida)
9. Name and street	address of Florida registered agent: (F	².Ò). Box NOT acceptable)
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		·
	Tuliahassee		, Florida 32301
	(City)		(Zip code)
II). Rouistored ac	ent'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.

(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	جہ
Chairman: William Spurgeon	
Address: 2607 N. Grandview Blvd., Suite 105	87
Weukesha, WI 53188	- 12 Page 1
Vice Chairman:	多多
Address:	PORT 28 MIN: 59
Director: Robert Leisure	
Address: W231 N2811 Roundy Circle Eqs;	
Pewaukee, WI 53072	
Director: L. Jeffrey Adams	
Address: W231 N2811 Roundy Circle East	
Powaukce, WI 53072	····
B. OFFICERS	
President: Rober Leisure	
Address: W231 N2811 Roundy Circle East	
Pawaukee, WI 53040	· ·
Vice President: L. Jeffrey Adams	
Address: W231 N2811 Roundy Circle East	
Fawaukce, WI 53072	
Secretary:	
Address:	:
Transurer:	
Address:	<u> </u>
NOTE: If necessary, you may attach an addendum to the application listing additional officers anti/or directors.	,
13. ————————————————————————————————————	
14. L. JETFREY ADAMS (Typed or printed name and capacity of person signing application)	

H U DU U U 252572 5

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

WAUKESHA BEARINGS 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 July 25, 1950.

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.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 27, 2005.

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

Biffective 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.wdfi.org/apps/ocs/verify/

Enter this code:

18692-A0B6308C