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Florida Department of State

Division of Corporations

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From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
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FOREIGN PROFIT/NONPROFIT CORPORATION

SIGVARIS, INC.

Certificate of Status	0
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C.L. 2-16

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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

3. 22-2902167 (FEI number, if applicable)

4. 4/22/1997 (Date of incorporation)

5. PERPETUAL (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. 1119 HIGHWAY 74 SOUTH PEACHTREE CITY, GA 30269
(Principal office address)

SAME AS ABOVE
(Current mailing address)

8. SELLING MEDICAL COMPRESSION STOCKINGS TO RETAILERS
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee (City), Florida 32301 (Zip code)

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TALLAHASSEE, FLORIDA

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
By: Brian Courtney
Asst. V. Pres.
(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

Chairman: STEFAN GANZONI
Address: ST GOARSER STRASSE 20
CH-8400 WINTERTHUR SWITZERLAND
Vice Chairman: N/A
Address:

Director: CASPAR GANZONI
Address: GANZONI + CIE AG GROSSLISTRASSE 8
CH-9014 ST. GALLEN SWITZERLAND
Director: CHRISTIAN GANZONI
Address: GANZONI MANAGEMENT AG ST GOARSER STRASSE 20
CH-8400 WINTERTHUR SWITZERLAND

B. OFFICERS

President: CHARLES E. HANOSCHIN
Address: SIGVARIS Inc. 1119 HWY 74 SOUTH
PEACHTREE CITY, GA 30269 USA
Vice President:
Address:

Secretary: PAUL I. GARCEAU
Address: 600 PEACHTREE STREET, N.E. ATLANTA, GA 30308-2216
Treasurer: CHARLES E. HANOSCHIN
Address: SAME AS ABOVE

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

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

14 CHARLES E. HANOSCHIN PRESIDENT/CEO
(Typed or printed name and capacity of person signing application)

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Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : K715685
DATE INC/AUTH/FILED: 04/22/1997
JURISDICTION : GEORGIA
PRINT DATE : 02/15/2006
FORM NUMBER : 211

CORPORATION SERVICE COMPANY
LYNETTE COLEMAN
1201 HAYS STREET
TALLAHASSEE, FL 32301

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

SIGVARIS INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox
Secretary of State

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