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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

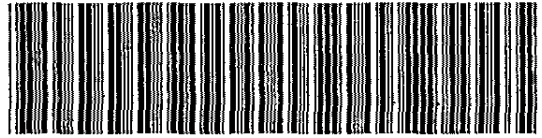
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Consolidated Polymers & Colors Co., Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cathy Militante  
(Name of Person)  
Consolidated Polymers & Colors Co., Inc  
(Firm/Company)  
151 Sawgrass Corners Dr Suite 109  
(Address)  
Ponte Vedra Beach FL 32082  
(City/State and Zip code)

For further information concerning this matter, please call:

Cathy Militante at (904) 543-0357  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

ρ \$70.00 Filing Fee

ρ \$78.75 Filing Fee &  
Certificate of Status

ρ \$78.75 Filing Fee &  
Certified Copy

ρ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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.

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DEPT OF STATE  
TALLAHASSEE, FLORIDA

1. Consolidated Polymers & Colors Co., 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. Illinois

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

3. 36-2939100

(FEI number, if applicable)

4. Jan. 9, 1987

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. August 1, 2006

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 101 W Grand Ave St, 228 Chicago IL 60610

(Principal office address)

151 Sawgrass Corners Dr St. 109 Ponte Vedra Bch, FL 32082

(Current mailing address)

8. Relocation of owners to Florida

(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: Cathy Militante

Office Address: 151 Sawgrass Corners Dr St. 109

Ponte Vedra Beach, Florida 32082

(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.

Cathy Militante  
(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: \_\_\_\_\_

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

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: John Militante

Address: 151 Sawgrass Corners Dr St 109  
Ponte Vedra Beach, FL 32082

Vice President: Gary Militante

Address: 101 W. Grand Avenue St 228  
Chicago IL 60610

Secretary: Cathy Militante

Address: 151 Sawgrass Corners Dr St 109  
Ponte Vedra Bch, FL 32082

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

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

13. Cathy Militante

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

14. Cathy Militante

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

File Number

5451-814-5



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STATE OF ILLINOIS  
TALLAHASSEE, FLORIDA

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CONSOLIDATED POLYMERS & COLORS COMPANY, INC.,  
A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE  
JANUARY 9, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS  
OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE  
FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF  
THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE  
STATE OF ILLINOIS\*\*\*\*\*



In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 28TH  
day of AUGUST A.D. 2006

*Jesse White*

SECRETARY OF STATE