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## FOREIGN PROFIT/NONPROFIT CORPORATION

Oldwick Equipment Leasing Corp.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
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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.             | OLDWICK EQUIPMENT LEASING CORP.  |             | ·  |        |         |
|----------------|--|-------------|--|--------|---------|
|                | (Hnter name of corporation; must include "INCORPORATI "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")  | ŖĎ,         | " "COMPANY," "CORPORATION,"  |        |         |
|                | (If name unavailable in Florida, enter alternate corporate na  | i Alife     | adopted for the purpose of transacting business in Florida)  |        |         |
| 2.             | NEW JERSEY   | 3.          | 223-234-118/000  |        |         |
|                | (State or country under the law of which it is incorporated)   | •           | (Fill number, if applicable)   | 2007   |         |
| 4.             | May 19, 1993   | 5.          | Perpetual  | ے      |         |
| ,              | (Date of irresporation)  |             | (Duration: Year corp. will cease to exist or "perpectal")  | I NVC  |         |
| 6.             | (SEB SECTIONS 607.150) & 60  | 7.1         | in Florida, if prior to registration) 502, F.S., to determine penalty liability)   | 9 PH : | ָר<br>כ |
| Τ.,            | a/o JFO, Oldwick Suipment Leazing Corp. 87 Homestead I   |             |  | Ÿ      |         |
|                | <b>* *</b>   |             | ∑m.  | မ      |         |
|                | c/o JFO, Oldwick Bulpment Leasing Corp. 87 Homestead  <br>(Current mailing   |             |  |        |         |
|                | Any activity within the purposes for which compositions in (Purpose(s) of corporation authorized in home state of Name and street address of Florida registered agent: | DT C        | -  |        |         |
|                | Name: C.T. Corporation System  |             |  |        |         |
| 0              | ffice Address: 1200 South Pins Island Road   |             | <u>.</u>   |        |         |
|                | Planestion   |             | , Florida 33324  |        |         |
|                | (City)   |             | (Zip code)   |        |         |
| H)<br>de<br>fu | signated in this application, I hereby accept the appo   | int<br>es i | ice of process for the above stated corporation at the p<br>ment as registered agent and agree to act in this capac<br>relative to the proper and complete performance of my<br>osition at registered agent. | er Y   | i,      |
|                | C_T Corpo  | <b>P</b> Ú  | en System  |        |         |

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 Scoretary 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:

|            |  |                              |                       | SECRE            | 2007 JAN         |        |
|------------|--|------------------------------|-----------------------|------------------|------------------|--------|
| A. DIRI    | BCT <b>ORS</b>   |                              |                       | HASSE C          |                  |        |
| Chairman   | Mr. Tucker Johnson   |                              |                       |                  | <u> </u>         |        |
| Address:   | Harisquin, 169 South Beach Road, Hobe Sound,                     | Florida 33455                |                       | OR TANK          | 2 <del>3</del> 3 |        |
| Vice Chei  | imien:   |                              |                       |                  |                  | _      |
| Address:   |  |                              |                       |                  |                  | -      |
| Director:  |  |                              |                       |                  |                  | _      |
| Address:   |  | <del>-</del>                 |                       |                  | <del></del> ;    | _      |
| Dinietor:  |  | <u> </u>                     |                       |                  |                  | _      |
| Address;   |  |                              |                       |                  |                  |        |
| B, OFF     | ICERS  |                              |                       |                  |                  |        |
| resident:  | Mr. Tunker Johnson   | <u></u>                      |                       |                  |                  |        |
| Address:   | Harlequin, 169 South Beach Road, Hobe Sound,                     |                              |                       | <u>.</u>         | ·                |        |
| ilioe Poss | ident  |                              |                       |                  |                  |        |
| Address:   |  |                              |                       |                  |                  |        |
| ecretary:  | : John I. McNamara   |                              |                       | <del></del> -,,, |                  |        |
|            | P.O. Box 809 Far Hills, N.J. 07931                               |                              |                       |                  |                  | ~<br>_ |
| Treasurer: |  | <u> </u>                     |                       |                  |                  | _      |
|            | \$n\$/ \$ 1 //### 1 \$7n >                                       | the application listing add  | itional officers and/ | or directors.    |                  | _      |
| 3,         | (Signature of Director or Office                                 | er listed in number 12 of th | e application)        | <u></u>          |                  | -      |
| d' TORRE   | 17. McSamara - Corporate Secretary  (Typed or printed name and c | anagity of nevers signing    | miliation             |                  | <del></del>      |        |

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### STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

OLDWICK EQUIPMENT LEASING CORP. 0100553263

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 19, 1993.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

S Tucker Johnson P O Box 675 Oldwick, NJ 08858

Continued on next page . . .

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