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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:

Carlton - Bates Company
(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:

William Cline

(Name of Person)

Wesco Distribution, Inc.

(Firm/Company)

225 W. Station Square Drive, Ste. 700

(Address)

Pittsburgh, Pa 15219

(City/State and Zip code)

For further information concerning this matter, please call:

William Cline

(Name of Person)

at

412, 454-2828

(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:

☒ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$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.*

1. Carlton - Bates Company
(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. Arkansas 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-05-1957 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 08-31-07
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3600 West 69th Street, Little Rock, AR 72209
(Principal office address)

Same
(Current mailing address)

8. Distribution of electrical products
(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

By: _____

(Registered agent's signature)

JAMES M. NEWSOME
Special Assistant Secretary

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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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

(see attached)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. _____

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

Calton-Bates Company
Current Directors and Officers
As of January 1, 2006

DIRECTORS:

Name	Office/Title	Mailing/Address	
1 Daniel A. Brailer		WESCO Distribution, Inc. 225 West Station Square Drive, Suite 700, 105 Greenbriar Drive	Pittsburgh PA 15219 Wexford PA 15090
2 Stephen L. Tepper		WESCO Distribution, Inc. 225 West Station Square Drive, Suite 700, 217 North Wade Avenue	Pittsburgh PA 15219 Washington PA 15301
3 Stephen A. Van Oss		WESCO Distribution, Inc. 225 West Station Square Drive, Suite 700, 111 Drake Drive	Pittsburgh PA 15219 Wexford PA 15090

OFFICERS:

1 Stephen A. Van Oss	President	WESCO Distribution, Inc. 225 West Station Square Drive, Suite 700, 111 Drake Drive	Pittsburgh PA 15219 Wexford PA 15090
2 Daniel A. Brailer	Treasurer	WESCO Distribution, Inc. 225 West Station Square Drive, Suite 700, 105 Greenbriar Drive	Pittsburgh PA 15219 Wexford PA 15090
3 Marcy Smorey-Giger	Secretary	WESCO Distribution, Inc. 225 West Station Square Drive, Suite 700, 153 Baker Drive	Pittsburgh PA 15219 Pittsburgh PA 15237
4 Stephen L. Tepper	Assistant Secretary	WESCO Distribution, Inc. 225 West Station Square Drive, Suite 700, 217 North Wade Avenue	Pittsburgh PA 15219 Washington PA 15301



**Arkansas Secretary of State
Charlie Daniels**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

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TALLAHASSEE, FLORIDA

CARLTON-BATES COMPANY

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office February 5, 1957.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 21st day of August 2007.

Charlie Daniels

Charlie Daniels
Secretary of State

Online Certificate Authorization Code: f79a7e6bd6dce64

To verify the Authorization Code, visit sos.arkansas.gov