# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

SYOTY JO SHOOT SO THORS \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |
|-------|----------|--|--|
|       |          |  |  |

### FOREIGN PROFIT/NONPROFIT CORPORATION TLHUS, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$70,00 |

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Corporate Filing Menu

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## **COVER LETTER**

| TO:   | New Filing Se<br>Division of Co |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| SUBJ  | ECT:                            | TLHUS, In  | ₽.   |  |  |
|   |                                 | Name of corpor   | ation - must include suffix  |  |  |
| Dear S  | ir or Madam:                    |  |  |  |  |
| "Certif   | ficate of Existen               | tion by Foreign Corporation<br>ce," or "Certificate of Good<br>gn corporation to transact by | o for Authorization to Transac<br>Standing" and check are sub-<br>usiness in Florida.            | et Business in Florida,"<br>mitted to register the               |  |
| Picase  | return all corres               | pondence concerning this m   | natter to the following:   |  |  |
|   | <del></del>                     | Nam  | e of Person  |  |  |
|   |                                 | TLHUS, Inc.  |  |  |  |
|   |                                 | Firm   | Company  |  |  |
|   |                                 |  | Address  |  |  |
|   |                                 | City/Sta   | ate and Zip code   |  |  |
|   |                                 | martha.hoyte   | @tateandlyle.com   |  |  |
|   |                                 | E-mail address: (to be u   | sed for future annual report n   | otification)   |  |
| For fur   | ther information                | concerning this matter, plea   | ase call:  |  |  |
|   |                                 | at (   | )  |  |  |
|   | Name of Perso                   | A A  | rea Code & Daytime Telepho   | one 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 |  |  |
| Enclose   | -                               | the following amount:  |  |  |  |
| <b>\$7</b>  | 0.00 Filing Fee                 | S78.75 Filing Fee & Certificate of Status  | \$78.75 Filing Fee & Certified Copy  | \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |  |

|         |  |              | ION FOR AUTHORIZATION TO TRANSAC'<br>IN FLORIDA                             | <u> </u>   |
|---------|--|--------------|---|--|
|         | DODE/E   | 00           | IN FLORIDA  | ≥ï   |
| II<br>R | N COMPLIANCE WITH SECTION 607.1503, FLORID.<br>EGISTER A FOREIGN CORPORATION TO TRANSAC                          | A S<br>CT    | TATUTES, THE FOLLOWING IS SUBMITTED TO<br>BUSINESS IN THE STATE OF FLORIDA. | EAST<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND |
| I       | TLHUS, inc.  |              | •   | 公式   |
|         | (Enter name of corporation; must include "INCORPORATI  | ED,          | " "COMPANY," "CORPORATION,"   | 5س   |
|         | "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")  |              |   | $\square \mathcal{L}$  |
|         |  |              | \$_   | 95   |
|         |  |              |   |  |
|         | (If name unavailable in Florida, enter alternate corporate na  | mć           | adopted for the purpose of transacting business in Florida)                 |  |
| 2.      | Delaware   | 3.           | 13-3005499  |  |
|         | (State or country under the law of which it is incorporated)   | -            | (PEI number, if applicable)   |  |
| 4.      | November 8, 2007   | 5.           | Perpetual   |  |
|         | (Date of incorporation)  | -            | (Duration: Year corp. will cease to exist or "perpetual")                   |  |
| 6       | Upon Registration  |              | ,   |  |
| •       | · · · · · · · · · · · · · · · · · · ·  | <b>33</b> ii | Florida, if prior to registration)  |  |
|         | (SEE SECTIONS 607.1501 & 60  | 7.1          | 502, F.S., to determine penalty liability)                                  |  |
| 7.      | 2200 E. Eldorado Street, Decatur, IL 62521   |              |   |  |
| • •     | (Principal office  | add          | ress)   |  |
|         | Same   |              |   |  |
|         | (Current mailing   | add          | ress)   |  |
|         |  |              |   |  |
| 8.      | Holding Company  |              |   |  |
|         | (Purpose(s) of corporation authorized in home state of   | T CO         | untry to be carried out in state of Florida)                                |  |
| Q.      | Name and street address of Florida registered agent: (   | PΛ           | Roy NOT accentable)   |  |
| •       | Trains and arrangement of 1101 the 108 months again.   |              | . 120. Hear according   |  |
|         | Name: CT Corporation System  |              | <u> </u>  |  |
| Qí      | ffice Address: 1200 South Pine Island Road   |              |   |  |
|         | Plantation   |              | , Florida 33324   |  |
|         | (City)   |              | (Zip code)  |  |
| , .     | C Phartman and a control of  |              |   |  |
|         | . Registered agent's acceptance:   |              |   | •  |
| de.     | aving been named as registered agent and to accept se<br>signated in this application, I hereby accept the appoi | rvu<br>min   | es of process for the above stated corporation at the place of the samuel   | ace<br>* '   |
| fц      | rther agree to comply with the provisions of all statute.  | T PE         | lative to the proper and complete performance of my                         | y. 1<br>duties   |
| an      | d I am familiar with and accept the obligations of my  | pos          | ition as registered agent.  |  |
|         | C T Corporation System   |              | -   |  |
|         | Bv:  | Δ            | Jennifer Quinn  |  |

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.

(Rehistered agent's signature)

| Chairman: See Attached List  |                     |                      |                 |
|--|---------------------|----------------------|-----------------|
| Address:   | ٠.                  |                      | •               |
|  | 5.4                 | E SE                 | 2011            |
| Vice Chairman:   | 1                   | 至高                   | APR             |
|  | ,                   | SXS.                 | 2               |
| Address:   |                     | <u> </u>             | . ~>            |
|  |                     | <u> </u>             | . ⊋             |
| Oirector:  |                     | <u> 용</u> 두          | . <del>f.</del> |
| Address:   |                     | <u></u> ₩m           | <u>5</u>        |
|  |                     |                      | _               |
| Director:  |                     |                      | •               |
|  | •                   |                      | •               |
| Address:   |                     |                      | •               |
| B. OFFICERS  Prosident: See Attached List  |                     |                      |                 |
|  |                     |                      |                 |
| Address:   |                     |                      | ,               |
|  |                     | <del> </del>         |                 |
| Vice President:  |                     |                      |                 |
| Address:   |                     |                      |                 |
|  |                     |                      |                 |
| Secretary:   |                     |                      |                 |
| Address:   |                     | •                    |                 |
|  | L                   |                      |                 |
| Treasurer:   |                     |                      |                 |
| Address:   |                     |                      |                 |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dire  | ctors.              |                      |                 |
| 13 mm un Far   |                     |                      |                 |
| Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the facts are true and that he or she is aware that false information submitted in a document to the Department of Stathird degree felony as provided for in s.817.155, F.S. | stated :<br>ite con | herein<br>stitutes a |                 |
| 14. Marc W. Larson, Secretary  |                     |                      |                 |

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

A. DIRECTORS

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

#### TLHUS, Inc.

#### **Board of Directors**

Peter M. Castelli John W. Schnake

#### **Officers**

Peter M. Castelli John W. Schnake Jason C. Trybom Ralph Tizora Marc W. Larson Martha J. Hoyt Patricia M. Scott (\*) Heidt R. Balsley President
Vice President
Vice President
Treasurer
Secretary
Assistant Treasurer
Assistant Treasurer

Assistant Secretary

Mailing Address:

2200 E. Eldorado Street Decatur, IL 62525

#### **Business Address:**

(\*) 501 Silverside Road, Suite 55 Wilmington, DE 19809 SECRETARY OF STATE TALLAHASSEE, FLORIDA

2011 APR 22 PH 4: 51

# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TLHUS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2011 APR 22 PH 4:51 SECRETARY OF STATE FALLAHASSEE, FLORIDA

4454418 8300

110434916

a police

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 8705995

DATE: 04-20-11

You may varify this cartificate onlin