

# F11000004174

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*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

ATT Southern, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

*10/18/11*

RECEIVED

11 OCT 17 AM 7:57

DIVISION OF CORPORATIONS

F11000004174

11 OCT 17 AM 10:15

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** ATT Southern, 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," or "Certificate of Good Standing" 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:

Lorraine Hahn

Name of Person

Ames True Temper Inc.

Firm/Company

465 Railroad Avenue

Address

Camp Hill, PA 17011

City/State and Zip code

Lorraine.Hahn@amestruetemper.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorraine Hahn

at (            )

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:

- ☐ \$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. ATT Southern, 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. Delaware 3. 45-3367997  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/21/2011 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/07/2011  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 465 Railroad Avenue, Camp Hill, PA 17011  
(Principal office address)

P.O. 8859, Camp Hill, PA 17011  
(Current mailing address)

8. Sale of Pots, Planters and Fencing  
(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: Maria T. Chambers  
(Registered agent's signature)

**Maria T. Chambers**  
**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.

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Eugene C. Collieran

Address: 8585 Duke Boulevard

Mason, OH 45040

Vice Chairman: Douglas J. Wetmore

Address: 712 5th Avenue, 18th Floor

New York, NY 10019

Director: Patricia L. Alesia

Address: 100 Jericho Quadrangle, STE 224

Jericho, NY 11753

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

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

**B. OFFICERS SEE ATTACHMENT**

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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. \_\_\_\_\_

Marcus D. Hamilton, Vice President

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

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TALLAHASSEE FLORIDA

**Attachment to Florida  
Officers & Directors**

- 1 Full Name: Eugene C. Collieran  
Officer/Director: Officer, Director  
Officer's Title: Chief Executive Officer and President  
Director's Title: Chairman  
Business Address: 8585 Duke Boulevard  
City: Mason  
State: OH  
ZIP Code: 45040
- 2 Full Name: Douglas J. Wetmore  
Officer/Director: Officer, Director  
Officer's Title: Executive Vice President  
Director's Title: Vice Chairman  
Business Address: 712 5th Avenue, 18th Floor  
City: New York  
State: NY  
ZIP Code: 10019
- 3 Full Name: Marcus D. Hamilton  
Officer/Director: Officer  
Officer's Title: Vice President and Chief Executive Officer  
Director's Title:  
Business Address: 465 Railroad Avenue  
City: Camp Hill  
State: PA  
ZIP Code: 17011
- 4 Full Name: Seth L. Kaplan  
Officer/Director: Officer  
Officer's Title: Vice President and Secretary  
Director's Title:  
Business Address: 712 5th Avenue, 18th Floor  
City: New York  
State: NY  
ZIP Code: 10019
- 5 Full Name: Thomas D. Gibbons

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CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Officer

Vice President and Treasurer

712 5th Avenue; 18th Floor

New York

NY

10019

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATT SOUTHERN, 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATT SOUTHERN, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

11 OCT 17 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9056082

DATE: 09-27-11