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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Franklin Fueling Systems, Inc.	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Busines "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
E. Brooke Moore	
Name of Person	_
Franklin Electric Co, Inc.	
Firm/Company	,
400 E Spring Street	
Address	
Bluffton, IN 46714	
City/State and Zip code	
tax@fele.com	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please call:	
Brooke Moore at (260) 827-5395	
Name of Person Area Code & Daytime Telephone Num	ber
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 Corporation P.O. Box 6327 Tallahassee, FL 32314	าร
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified Copy	7.50 Filing Fee, rtificate of Status & rtified 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.

	klin Fueling Systems, Inc.		
	name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Co.," "Corp," "Inc," "Co," or "Corp.")		
(If nam	ne unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business	in Flor	rida)
2. Indiai	na 3. 35-1747724		
(State o	r country under the law of which it is incorporated) (FEI number, if applicable)		
4 06/29	9/1988 _{5.} Perpetual		
	(Date of incorporation) (Duration: Year corp. will cease to exist or "	perpetu	al")
6. 05/0	1/2012		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
_{7.} 400 I	E Spring Street, Bluffton, IN 46714		
	(Principal office address)		
400	E Spring Street, Bluffton, IN 46714		
	(Current mailing address)		
_{8.} Sale	of Gasoline Pumps		
(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)	12 HAY	als:Na Das
1	Name: Corporation Service Company	c	
Office A	idress: 1201 Hays Street	7 78	
	Tallahassee , Florida 32301	جد دب	12 mg
	(City) (Zip code)	0	
			(Fi

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.

Mysbette B. Demecry (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: Gregg C Sengstack		
Address: 400 E Spring Street, Bluffton, IN 46714		
Vice Chairman: John J Haines		
Address: 400 E Spring Street, Bluffton, IN 46714		
Director: R. Scott Trumbull		
Address: 400 E Spring Street, Bluffton, IN 46714		
Director:		
Address:		
B. OFFICERS		
President: Don Kenney		
Address: 400 E Spring Street, Bluffton, IN 46714		
	12	<u> </u>
Vice President:	ik Ay	
Address:	-7	
	7 0	200 - 200
Secretary: Angela M Hughes	<u>ယ့</u> O	≨ *# 5:34
Address: 400 E Spring Street, Bluffton, IN 46714		18# 113
Treasurer: Patrick Q Davis		
Address: 400 E Spring Street, Bluffton, IN 46714		
	director	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or 13.	director.	s.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the fare true and that he or she is aware that false information submitted in a document to the Department of		
third degree felony as provided for in s.817.155, F.S.	- 5.0.0	~ 10 11 04 0 0 0
14. Arcela M Huckes Secretary (Typed or printed name and capacity of person signing application)		

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

FRANKLIN FUELING SYSTEMS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 29, 1988, and was in existence or authorized to transact business in the State of Indiana on April 30, 2012.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Thirtieth Day of April, 2012.

Corrie Zawson

Connie Lawson, Secretary of State

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