F12000003370

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

Please retain original filing date of submission 8/10

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

From:
Account Name : C T CORPORATION
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: _____

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FOREIGN PROFIT/NONPROFIT CORPORATION
COCHRAN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	06 07
Estimated Charge	$78.75

MRD 8/15/12

Electronic Filing Menu Corporate Filing Menu Help

August 13, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: COCHRAN, INC.
REF: W12000042098

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000202263
Letter Number: 312A00020829

P.O BOX 6327 – Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Cochran, 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:

Deborah Holt
Name of Person

Cochran, Inc.
Firm/Company

12500 Aurora Avenue N
Address

Seattle, WA 98133
City/State and Zip code

dholt@cochraninc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Holt at (206) 368-3216
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. Cochran, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Cochran Technologies, Inc. .
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington (State or country under the law of which it is incorporated)

3. 91-0697301 (FEI number, if applicable)

4. 7/2/1959 (Date of incorporation)

5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

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

7. 12500 Aurora Avenue N., Seattle, WA 98133
(Principal office address)

PO Box 33524, Seattle, WA 98133-0524
(Current mailing address)

8. Commercial Electrical Contractor
(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 (City), Florida 33324 (Zip code)

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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: [signature] Dee Klass, Asst Sec.
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See Attached Listing

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

Governing people

LEEANN COCHRAN	Chairman of the Board Director	11400 MACK RD WOODWAY, Washington 98020 United States
MICHAEL HEYWOOD-COCHRAN	Vice President Director	13005 72ND ST SE SNOHOMISH, Washington 98290 United States
BILL DORAN	President Director	1709 80TH ST NE GRANITE FALLS, Washington 98252 United States
JOE WEHRY	Treasurer	12500 AURORA AVENUE N SEATTLE, Washington 98133 United States
LANI COCHRAN	Secretary Director	12500 AURORA AVENUE N SEATTLE, Washington 98133 United States
ROBERT COCHRAN	Director	12500 AURORA AVENUE N SEATTLE, Washington 98133 United States
GORDON COCHRAN	Director	12500 AURORA AVENUE N SEATTLE, Washington 98133 United States
DARLENE COCHRAN	Director	12500 AURORA AVENUE N SEATTLE, Washington 98133 United States
FRAN ECHARDT	Director	12500 AURORA AVENUE N SEATTLE, Washington 98133 United States

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TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

COCHRAN, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 7/2/1959.

I FURTHER CERTIFY that as of the date of this certificate, COCHRAN, INC. remains active and has complied with the filing requirements of this office.

Date: July 20, 2012

UBI: 578-042-134

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State