# F12000004014

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Office Use Only						



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12 OCT -1 PH 4: 05
SECRETARY OF STATE

T. Burch OCT 2 2012

#### **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Gallagher Asphalt Cor	poration			
	ration - must include suffix	· · · · · · · · · · · · · · · · · · ·		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporatio "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact b	d Standing" and check are subm	•		
Please return all correspondence concerning this r	matter to the following:			
Beth Nielsen				
Nan	ne of Person			
Gallagher Asphalt Corporation				
Firm	n/Company			
18100 S. Indiana Avenue				
	Address			
Thornton, IL 60476				
City/S	state and Zip code			
bnielsen@gallagherasphalt.com				
E-mail address: (to be	used for future annual report no	tification)		
For further information concerning this matter, pla	ease call:			
Beth Nielsen at ( 70	08 <sub>)</sub> 877-7160			
Name of Person	Area Code & Daytime Telephor	ne Number		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	New Filing Sect Division of Cor P.O. Box 6327	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 \$\text{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**

			TATUTES, THE FOLLOWING IS SU		ED T	9
REGISTER A FOREI	GN CORPORATION TO TRANSAC	ΤĮ	BUSINESS IN THE STATE OF FLOR		12	
. Gallagher Aspha	It Corporation			<u>完</u>	8	
(Enter name of corpo	oration; must include "INCORPORATE " "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"	SST ST		F
				45 45 45 45 45 45 45 45 45 45 45 45 45 4	PH L	ED
(If name unavailable	in Florida, enter alternate corporate nat	me	adopted for the purpose of transacting by	isiness i	n Flor	ida)
2. Delaware	`	3.	36-2061280	- ''	TAFT.	
	er the law of which it is incorporated)		(FEI number, if applical	ole)		
4. July 18, 1958		5.	perpetual			
(Date of	incorporation)		(Duration: Year corp. will cease to exi	st or "pe	rpetu	al")
6. Dec. 1, 2012						
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		•	
<sub>7.</sub> 18100 S. Indi	ana Avenue, Thornton, IL	6	0476			
	(Principal office					
18100 S. Ind	liana Avenue, Thornton,	IL	_ 60476			
	(Current mailing	ado	iress)			
<sub>8.</sub> Highway asp	halt scarification					
(Purpose(s) o	f corporation authorized in home state of	r c	ountry to be carried out in state of Florid	a)		
9. Name and street a	ddress of Florida registered agent: (	P.0	O. Box <u>NOT</u> acceptable)			
Name:	CT Corporation Syst 1200 South Pine Isla	<del>e</del>	<u>m</u>			
Office Address:	1200 South Pine Isla	ın	id Rd			
-	Plantation		, Florida 33324 (Zip code)			
	(City)		(Zip code)			
10 Descriptored ones	nt <sup>2</sup> e occantonce:					

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.

<sup>11.</sup> 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: Address: \_ Vice Chairman: Address: Director: Address: \_ Director: **B. OFFICERS** President: Charles J. Gallagher Address: 18100 S. Indiana Avenue Thornton, IL 60476 Vice President: Daniel J. Gallagher Address: 18100 S. Indiana Avenue Thornton, IL 60476 Secretary: \_ Address: Treasurer: Patrick D. Gallagher Address: 18100 S. Indiana Avenue, Thornton, IL 60476 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Daniel J. Gallagher, Vice President

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

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GALLAGHER ASPHALT CORPORATION" 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 NINETEENTH DAY OF

SEPTEMBER, A.D. 2012.

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.

12 OCT -1 PM 4: 05
SECRETARY OF STATE
TALLAHASSEE STATE

0525919 8300

121044368

AUTHENT CATION: 9855759

DATE: 09-19-12

You may verify this certificate online at corp.delaware.gov/authver.shtml