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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

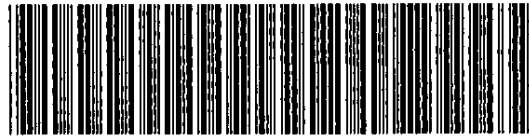
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MPD  
7/1/13

## COVER LETTER

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

**SUBJECT:** GLAMOX AQUA SIGNAL CORPORATION  
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:

HEIDI ELLIMAN  
Name of Person  
GLAMOX AQUA SIGNAL CORP.  
Firm/Company  
1125 ALEXANDER COURT  
Address  
CARY IL 60013  
City/State and Zip code  
HELLIMAN@GLAMOX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEIDI ELLIMAN at ( 844 ) 639-6412  
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. GLAMOX AQUA SIGNAL CORPORATION  
(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. ILLINOIS 3. 36-339 0720  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/26/1985 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1125 ALEXANDER COURT, CARY IL 60013  
(Principal office address)

1125 ALEXANDER COURT, CARY IL 60013  
(Current mailing address)

8. GENERAL CORPORATE PURPOSES  
(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)

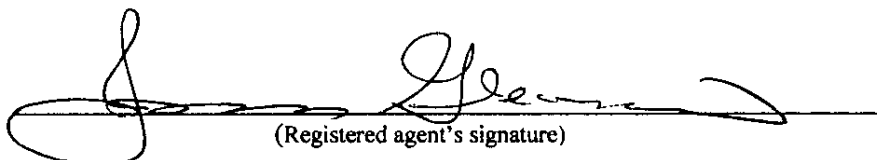
Name: JAMES A. GLEASON

Office Address: 11571 NW 4TH MANOR  
CORAL SPRINGS, Florida 33071  
(City) (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.*

  
(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: JAN BERNER

Address: GLAMOX ASA

DRAMMENSVEIEN 175, N-0277 OSLO, NORWAY

Vice Chairman: N/A

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

Director: JORG KOCH-LOSEKAMM

Address: AQUA SIGNAL

VON-THUNEN STR. 12, POSTFACH 45, D28307, GERMANY

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

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

**B. OFFICERS**

President: ALENA HEEDE

Address: GLAMOX AQUA SIGNAL CORP

1125 ALEXANDER COURT, CARY IL 60013

Vice President: N/A

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

Secretary: W. DAVID BRAUN

Address: 300 N LASALLE ST, SUITE 4000, CHICAGO IL 60654

Treasurer: ALENA HEEDE

Address: AS ABOVE

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Aleena Heede

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. ALENA HEEDE, PRESIDENT

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

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13 JUN 28 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

File Number 5398-954-3



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

GLAMOX AQUA SIGNAL CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 26, 1985, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1317001636

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of JUNE A.D. 2013 .*

*Jesse White*

SECRETARY OF STATE