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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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) 205-8842
Fax Number : (850) 878-5368

15 MAR 17 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****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
Emerson Network Power Solutions, Inc.

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

15 MAR 17 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

[Handwritten signature]

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Emerson Network Power Solutions, 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:

Sharon Hyde

Name of Person

Emerson Electric Co.

Firm/Company

8000 W. Florissant

Address

St. Louis, MO 63136

City/State and Zip code

todd.springer@emerson.com

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

For further information concerning this matter, please call:

Sharon Hyde

Name of Person

at (314) 553-3473

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:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Emerson Network Power Solutions, 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

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

3. 46-1573077

(FEI number, if applicable)

4. 12/13/2012

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. 1050 Dearborn Dr., Columbus, OH 43085

(Principal office address)

same

(Current mailing address)

8. 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)

9. 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 Katherine Lackey

Katherine Lackey - Asst. Secretary

(Registered agent's signature)

10. 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: Stephen C. Hassell

Address: 4991 Corporate Drive
Huntsville, AL 35805

Vice President: Matthew S. Dean

Address: 1050 Dearborn Dr.
Columbus, OH 43085

Secretary: John G. Shively

Address: 8000 W. Florissant, St. Louis, MO 63136

Treasurer: David J. Rabe

Address: 8000 W. Florissant, St. Louis, MO 63136

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

12. _____
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.

13. John G. Shively, Secretary
(Typed or printed name and capacity of person signing application)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- | | | |
|---|---|---|
| 1 | Full Name:
Officer/Director:
Officer's Title:
Director's Title:
Business Address:
City:
State:
ZIP Code: | Michael K. Neeley
Officer, Director
Chief Financial Officer
Director
1050 Dearborn Dr.
Columbus
OH
43085 |
| 2 | Full Name:
Officer/Director:
Officer's Title:
Director's Title:
Business Address:
City:
State:
ZIP Code: | Victor A. Lazzaretti
Officer
Assistant Secretary

8000 W. Florissant
St. Louis
MO
63136 |
| 3 | Full Name:
Officer/Director:
Officer's Title:
Director's Title:
Business Address:
City:
State:
ZIP Code: | Curt S. Wiley
Officer
Vice President & Assistant Treasurer

8000 W. Florissant
St. Louis
MO
63136 |
| 4 | Full Name:
Officer/Director:
Officer's Title:
Director's Title:
Business Address:
City:
State:
ZIP Code: | D. Scott Barbour
Director

Director
1050 Dearborn Dr.
Columbus
OH
43085 |
| 5 | Full Name: | Matthew S. Dean |

3/17/2015 14:03:07 From: To: 8506176381

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer/Director:	Officer, Director
Officer's Title:	Vice President & General Counsel
Director's Title:	Director
Business Address:	1050 Dearborn Dr.
City:	Columbus
State:	OH
ZIP Code:	43085
6 Full Name:	Stephen C. Hassell
Officer/Director:	Officer, Director
Officer's Title:	President
Director's Title:	Director
Business Address:	4991 Corporate Drive
City:	Huntsville
State:	AL
ZIP Code:	35805

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Delaware

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMERSON NETWORK POWER SOLUTIONS, 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 SEVENTEENTH DAY OF MARCH, A.D. 2015.

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.

5258874 8300

150368376

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2206515

DATE: 03-17-15