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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Phone Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please !

Email Address:

### FOREIGN PROFIT/NONPROFIT CORPORATION

voestalpine Nortrak Inc.

| ECEIVED                              | C-4 PM 1:45 | TARY OF STATE HASSE: FLORIDA |
|--------------------------------------|-------------|------------------------------|
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|--|---|---------------------------------------|--|
| TO: Registration S Division of Co                  |   |                                       |  |
| . 1  | oine Nortrak Inc.   |                                       |  |
| SUBJECT: Voestalf                                  |   | ation - must include suffix           |  |
| Dear Sir or Madam:                                 |   |                                       |  |
| "Certificate of Exister                            | ation by Foreign Corporation<br>ice," or "Certificate of Good<br>ign corporation to transact bu | Standing" and check are s             |  |
| Please return all corre                            | spondence concerning this m   | atter to the following:               | ·(, ,  |
| Ian Davey  |   |                                       | ALL<br>SECI  |
|  | Nam   | e of Person                           | E B T  |
| voestalpine Nortrak Inc.                           |   | ,                                     | SSS - E  |
|  | Firm/   | Company                               |  |
| 3930 VALLEY EAST I                                 | NDUSTRIAL DRIVE   |                                       | 010<br>110<br>110<br>110<br>110                                |
|  | A   | ddress                                | 8 H 5  |
| BIRMINGHAM, AL, 3                                  | 5217  |                                       |  |
|  | City/Sta  | ate and Zip code                      |  |
| ian.davey@voestalpine.                             |   |                                       |  |
|  | E-mail address: (to be u  | sed for future annual repor           | t notification)  |
| For further informatio                             | n concerning this matter, ple   | ase call:                             |  |
| IAN DAVEY  | 205   | 380-4539                              |  |
| Name of Pers                                       | at (at (  | Code Davtime Tele                     | ephone Number  |
|  | 7.1.00  |                                       | -pnone trainer   |
| Registration S<br>Division of Co<br>Clifton Buildi | orporations<br>ng<br>/e Center Circle   | Registration                          | Corporations<br>27   |
| Enclosed is a check fo                             | r the following amount:   | •                                     |  |
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### 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.

| voestalpine Nor                                    |  |  |  |
|--|--|--|--|
|  | orporation; must include "INCORPORA"<br>orp," "Inc," "Co," or "Corp.")   | "ED," "COMPANY," "CORPORATIO   | у,ис   |
| (If name unavaile                                  | able in Florida, enter alternate corporate n   | ame adopted for the purpose of transact  | ting business in Florida)                            |
| Wyoming  |  | 3  |  |
| (State or country                                  | y under the law of which it is incorporated  | (FEI number, if  | applicable)  |
| 05/20/1996   |  | 5. Perpetual   |  |
| (Date  | (Date of incorporation)  (Date of duration, if other than perpetual)   |  | er than perpetual)                                   |
|  |  |  |  |
|  | (Date first transacted busin<br>(SEE SECTIONS 607.1501 & 6   | ess in Florida, if prior to registration)<br>07.1502, F.S., to determine penalty liab  | vility)  |
| 1740 Pacific Ave.                                  | Cheyenne, WY 82007   |  |  |
|  | (P   | rincipal office address)   | <del></del>  |
|  |  |  | 70 <b>-</b>  |
| والما المحكوم الكنوي جوي الكام المحسوبين إلى       | (Current r   | nailing address, if different)   | <u> </u>   |
|  |  |  |  |
| Name and stree                                     | t address of Florida registered agent:   | (P.O. Box NOT acceptable)  |  |
| Name:  | C T Corporation System   |  | 関係を同   |
| ivanic.  | 1200 South Pine Island Road  |  |  |
| ffice Address:                                     | 1200 South Fine Island Road  | · · · · · · · · · · · · · · · · · · ·  | 9. 9. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.         |
|  | Plantation, FL 33324   | , Florida  | DA 5   |
|  | (City)   | (Zip code)   |  |
| aving been namesignated in this orther agree to co | ent's acceptance: ed as registered agent and to accept application, I hereby accept the app omply with the provisions of all state amiliar with and accept the obligation C T Corporat | ointment as registered agent and a<br>ties relative to the proper and comp<br>ins of my position as registered age<br>ion System | gree to act in this capac<br>plete performance of my |
| Ву:  | <b>A</b>   | Connie Bruon  ered agent's signature) Cacretory  |  |
| <u> </u>   | (Rægist  | ered agent's signature) Corretory  | <del></del>  |
| A  | certificate of existence duly authentic  | and not more than 00 days and the  | delivery of this sections                            |

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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under the law of which it is incorporated.

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

| A. DIRE     | ECTORS  |                               |
|-------------|---|-------------------------------|
| Chairman:   |   |                               |
| Address:    | 1740 Pacific Ave, Cheyenne, WY 82007  |                               |
|             |   |                               |
| Vice Chair  | irman:  |                               |
| Address: ,  |   |                               |
| Director:   | Urtsa Errazti   |                               |
| •           | 1740 Pacific Ave, Cheyenne, WY 82007  |                               |
|             |   | SEC TALL                      |
| Director:   | Johannes Rainer Oswald  | 超易力                           |
|             | 1740 Pacific Ave, Cheyenne, WY 82007  | 255 + LE                      |
| .,,,,       |   |                               |
| B. OFFI     | ICERS   | · 67 9 5                      |
| President:  | MTHONY METSON   |                               |
|             | 1740 POLIFIC EVENUE, CHEYENNE MY  | •                             |
| , taare     |   |                               |
| Vice Presi  | Ludwig Freytag  |                               |
|             | 1740 Pacific Ave, Cheyenne, WY 82007  |                               |
| _           |   | •                             |
| Secretary:  | Ludwig Freytag  |                               |
| •           | 1740 Pacific Ave Chevenne, WY 82007   | •                             |
| •           |   |                               |
|             |   | ·                             |
|             | If necessary, you may attach an addendum to the application listing additions   | al officers and/or directors. |
|             |   |                               |
| 15          | Signature of Director or Officer  |                               |
| are true as | ter or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to begree felony as provided for in s.817.155, F.S. |                               |
| 13          | FRESTIAC ILLOWIC , EVE FINANCE  | <u> </u>                      |
| •           | (Typed or printed name and capacity of person signing applic  | ation)                        |

# STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### voestalpine Nortrak Inc.

## is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **May 20, 1996**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **1996-000310522**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of December, 2015 at 6:02 PM. This certificate is assigned 019012420.

Secretary of State

FILED

15 DEC -4 AN 9:51

SECRETARY OF STATE

TALLAHASSEF FROBLE

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