# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FOREIGN PROFIT/NONPROFIT CORPORATION BOEHRINGER INGELHEIM VETMEDICA, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$70.00 |

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Help

### 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.

| ١.                    | BOEHRINGER         | INGELHEIM VETMEDICA, INC.   |       |   |  |
|-----------------------|--------------------|---|-------|---|--|
|                       |                    | orporation; must include "INCORPORATE<br>orp," "Inc," "Co," or "Corp.") | D,    | "COMPANY," "CORPORATION,"   |  |
|                       | (If name unavaila  | ble in Florida, enter alternate corporate nam                           | ne    | adopted for the purpose of transacting business in Florida)                     |  |
| 2                     | Delaware           |   | 3.    |   |  |
|                       | (State or country  | under the law of which it is incorporated)                              |       | (FEI number, if applicable)   |  |
| 4.                    | 08/27/1981         |   | 5.    | Perpetual   |  |
|                       |                    | of incorporation)   |       | (Date of duration, if other than perpetual)                                     |  |
| 6. Upon Qualification |                    |   |       |   |  |
|                       |                    | •   |       | n Florida, if prior to registration) 502, F.S., to determine penalty liability) |  |
| 7.                    | 3239 Satellite Blv | d., Duluth, GA 30096  |       | pal office address)   |  |
|                       |                    | (erm  | ici   | on once and ess)  |  |
|                       | same               | (Current ma   |       | ng address, if different)   |  |
|                       |                    | (Cuttent ma   | 11111 | ig and ess, it differently  |  |
| 8.                    | Name and stree     | t address of Florida registered agent: (                                | P.0   | D. Box NOT acceptable)  |  |
|                       | Name:              | C T Corporation System  |       |   |  |
| 0                     | ffice 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.

(Registered agent's signature)

(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.

| 11. Names and business addresses of officers and/or directors:  |
|---|
| A. DIRECTORS SEE ATTACHMENT   |
| Chairman:   |
| Address:  |
|   |
| Vice Chairman:  |
| Address:  |
|   |
| Director:   |
| Address:  |
| Address   |
| Director:   |
| Address:  |
| Address:  |
| B. OFFICERS SEE ATTACHMENT  |
|   |
| President:  |
| Address:  |
|   |
| Vice President:   |
| Address:  |
|   |
| Secretary:  |
| Address:  |
| Treasurer: Everett Hockstra   |
| Address: 3239 Satellite Blvd., Duluth, GA 30096   |
| 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 11 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. Marshall Burton, Asst. Secretary Ma solad U. Exact HOVE (Typed or printed name and capacity of person signifing application)  |

#### Attachment to Florida Officers & Directors

1 Full Name: Marshall Barton

Officer Officer/Director:

Officer's Title: Assistant Secretary

Director's Title:

3239 Satellite Blvd. Business Address:

City: Duluth GΑ State: ZIP Code: 30096

Paul R. Fonteyne 2 Full Name: Officer/Director: Officer, Director Officer's Title: President and CEO

Director's Title: Director

3239 Satellite Blvd. Business Address:

Duluth City: State: GA ZIP Code: 30096 3 Full Name: Christian Orth

Officer/Director: Officer.Director

Sentor Vice President and CFO Officer's Title:

Director's Title: Director

3239 Satellite Blvd. Business Address:

Duluth City: GA State: 30096 ZIP Code: 4 Full Name: Sheila Denton

Officer, Director Officer/Director:

Officer's Title: Secretary and Senior VP

Director Director's Title:

3239 Satellite Blvd. Business Address:

Duluth City:

State: GΑ 30096 ZIP Code:

**Timothy Bettington** 5 Full Name:

Officer/Director: Officer

Assistant Secretary Officer's Title:

Director's Title:

3239 Satellite Blvd. Business Address:

Duluth City: GA State: 30096 ZIP Code:

Wolfgang Baiker 6 Full Name:

Officer/Director: Director

Officer's Title:

Director Director's Title:

3239 Satellite Blvd. Business Address:

City: Duluth To: Page 6 of 7 2018-11-27 12.01:24 CST 19542080845 From: Ranae McGraw

State: GA ZIP Code: 30096



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOEHRINGER INGELHEIM VETMEDICA, 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 TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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

Authentication: 203966373

Date: 11-27-18