

F22000002450

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

2022 APR 20 PM 10:36

2022 APR 20 AM 11:12

****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
CTS Corporation

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$78.75

2ND REQUEST

2ND REQUEST

S. FRANKLIN

APR 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CTS 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:

BETH HIPPMAN

Name of Person	
CTS CORPORATION	
Firm/Company	
4925 INDIANA	
Address	
LISLE, ILLINOIS 60532	
City/State and Zip code	
BETH.HIPPMAN@CTSCORP.COM	
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

BETH HIPPMAN	at (630)	577-8851
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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. CTS CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CTS Indiana Corporation

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA 3. 35-0225010

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. FEBRUARY 8, 1929

5. _____
(Date of duration, if other than perpetual)

(Date of incorporation)

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. 4925 INDIANA AVENUE, LISLE, ILLINOIS 60532

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

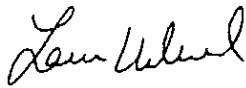
Name: CORPORATE CREATIONS NETWORK, INC

Office Address: 801 US HIGHWAY 1

NORTH PALM BEACH, Florida 33408
(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.



Lauren Underwood, Special 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

Chairman Name: KIERAN O'SULLIVAN

Vice Chairman Address: 4925 INDIANA AVE

Director LISLE, IL 60532

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: ASHISH AGRAWAL

Vice Chairman Address: 4925 INDIANA AVE

Director LISLE, IL 60532

President _____

Vice President _____

Secretary Treasurer

Other CFO Other _____

Chairman Name: SCOTT L. D'ANGELO

Vice Chairman Address: 4925 INDIANA AVE

Director LISLE, IL 60532

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: JEFFREY GULBRANSON

Vice Chairman Address: 905 NORTH WEST BLVD

Director ELKHART, IN 46514

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: ANDREW WARREN

Vice Chairman Address: 4925 INDIANA AVE

Director LISLE, IL 60532

President _____

Vice President _____

Secretary Treasurer

Other Asst. Secretary Other _____

Chairman Name: THOMAS WHITE

Vice Chairman Address: 4925 INDIANA AVE.

Director LISLE, IL 60532

President _____

Vice President _____

Secretary Treasurer

Other Controller Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. [Signature]
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. SCOTT L. D'ANGELO, VICE PRESIDENT, GENERAL COUNSEL AND SECRETARY
(Typed or printed name and capacity of person signing application)

CTS CORPORATION

ATTACHMENT TO FOREIGN CORPORATION REPORT, ITEM 11 -DIRECTORS

DIRECTORS

Donna M. Costello, 4925 Indiana Avenue, Lisle, IL 60532

Gordon Hunter, 4925 Indiana Avenue, Lisle, IL 60532

Jane Li, 4925 Indiana Avenue, Lisle, IL 60532

Robert A. Profusek, 4925 Indiana Avenue, Lisle, IL 60532

William S. Johnson, 4925 Indiana Avenue, Lisle, IL 60532

Alfonso G. Zulueta, 4925 Indiana Avenue, Lisle, IL 60532

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State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CTS CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 08, 1929, and was in existence or authorized to transact business in the State of Indiana on April 06, 2022.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

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In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 06, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

194100-062 / 20222522917

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on May 06, 2022.