PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR 16 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002140

1. Corporation Name
Ansul, Incorporated

REINSTATEMENT 01-04

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| One Stanton Street | P.O. Box 8749 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Marinette, WI | City & State: Princeton, NJ |
| Zip: 54143 Country: USA | Zip: 08543-8749 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: April 25, 1994

5. FEI Number: 39-1328087 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Barbara A Burke Date: 4/14/04

Barbara A. Burke, Special Asst. Secy. REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P/D | David E. Robinson | One Stanton Street | Marinette, WI 54143 |
| Secy. | Byron S. Kalogerou | One Stanton Street | Marinette, WI 54143 |
| Treas. | Martina Hund Mejean | One Stanton Street | Marinette, WI 54143 |
| | | | |
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| | | | |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: David E. Robinson David E. Robinson 4/14/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR1n - 10/03/2003 CT System Online

TOTAL P.02

# Florida Department of State

Division of Corporations
Public Access System

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## CORPORATION REINSTATEMENT

### ANSUL, INCORPORATED

| | |
|---|---|
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