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C T CORFORATION SYSTEM  Requestor's Monne 1311 Executive Center Dr.  Address  Trillnknosee. Et. 32301  City Sinte Zip	<u>;</u> 7.	
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<b>₩</b> Foreign	( ) Dissolution/Withdra	wal () Mark
( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	() Other () Change of R.A. () Fictitious Name
() Certified Copy	() Photo Coples	() CUS / G/S
( ),Call When Ready ( )_Walk In ( ) Mall Out	( ) Call if Problem ( ) Will Walt	( ) Alter 4:30 EPIck Up
Mälne Avallability Döcument Examiner Updater Värller Acknowledgment W.P. Veriller	3 61 PLE	ASE RETURN EXTRA COPY(S) FILE STATED

CN2E031 (1-89)

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUB-MITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF ELORIDA:

	'ATE OF FLORIDA:			
1,	(Name of corporation: must include the word "INCORPORATED," "COMP	ANY,"	or	
*C	ORPORATION" or words or abbreviations of like import in language, as w	ill clear	'ly Indi	cato
	at it is a corporation instead of a natural person or partnership if not so come at present.)	ontaine	a in th	0
ma	me at present.)			
		55	₩.	
2.	(State or country under the law of which it is incorporated)	>	( <u>Arii</u> ( )	+
	(State of country under the law of which it is incorporated)	==		,
3.	October 25, 1994 4, Perpetual			
	(Date of Incorporation) (Duration)		320	
			55	
5.	34-1784863	<u></u>	<u> च्या</u>	
	(Federal Employer Identification number, if applicable)		27	
	upon qualification			
6.				
(Da	ata first transacted business in Florida. See sections 607.1501, 607.1502,	and 81	7,155,	۲.5.
7.	P.O. Box 1179, Medina, Ohio 44258-1179			
	(Current mailing address)			
8.	Distributor	- 4 - 4	6 Flant	اجاد
(Br	rief description of the nature of the business in which it is engaged in the	STATE O	ו רוסרו	u a ;
9.	Names and street addresses of officers and or directors:			
Α.	Directors:			
- ·	airman; See attached list of directors			
Αd	dress:			
Vic	e Chairman: See attached list of directors			
	dress:			
Λu	<u> </u>			
Dir	ector: See attached list of directors			
Δd	dress:			
74	01000.			
Dir	ector:			
	dress:			

esident: See attached	list of officers	
		<u> </u>
Decaldent	y,	<del>(7)</del> 27
		- <del>66</del>
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idress:		
needed, you may attach	an addendum to the application listing additional office	rs an I/or
rectors.)		
	C T Corporation System  c/o C T Corporation System, 1200 South Pine Islan	d Road
Office Address:	Plantation ,Florida 33324	
	Zip Co	ode
	Zip Co	
Having been name ated corporation at the parent and agreement agreemen	Zip Co	or the abo appointm h the
Having been name atted corporation at the parent and agreement agreeme	Zip Consider a complete performance of my continuous of the constant and to accept service of process foliace designated in this application, I hereby accept the correct to act in this capacity. I further agree to comply with elative to the proper and complete performance of my continuous of the obligations of my position as registered agent.	or the abo appointm h the
Having been name ated corporation at the parent and agreed agent and agrovisions of all statutes remailiar with and accept	Zip Conditions of my position as registered agent.  Zip Condition as registered agent and to accept service of process foliace designated in this application. I hereby accept the agree to act in this capacity. I further agree to comply with a lative to the proper and complete performance of my continuous the obligations of my position as registered agent.  C. T. Corporation, System	or the abo appointm h the
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Having been name stated corporation at the pas registered agent and agorovisions of all statutes runn familiar with and accept Registered agent's statistical delivery of this application having custody of corporation	acceptance:  d as registered agent and to accept service of process foliace designated in this application. I hereby accept the stree to act in this capacity. I further agree to comply with elative to the proper and complete performance of my continuous the obligations of my position as registered agent.  C. T. Corporation, System signature:  (Officer)  Michael P. Nakon, Assistant Secretary  (Typed Name and Title of Officer)  to the Department of State, by the Secretary of State of the records in the jurisdiction under the law of which it is	or the appoint the futles,

(Name and capacity of person signing application)

## CORRTHERM, INC.

Officers:

President: Mark J. Krause 1055 West Smith Road Medina, Ohio 44256

Vice President: Joseph W. Rog 1055 West Smith Road Medina, Ohio 44256

Vice President: Robert M. Gossett 1055 West Smith Road Medina, Ohio 44256

Secretary/Treasurer: Ronald S. Langos 1055 West Smith Road

Medina, Ohio 44256

Directors:

Joseph W. Rog Address same as above

Robert M. Gossett Address same as above

Ronald S. Langos Address same as above

Michael K. Baach Address same as above

Mark J. Krause Address same as above

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## UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, Bob Taft, do hereby certify that I am the duly elected, qualified and present actin, Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and Miscellaneous filings; that said records show CORRTHERM, INC., a I Ohio corporation, Charter No. 884059, having its principal location in Medina, County of Medina, was incorporated on October 25, 1994 and is currently in GOOD STANDING upon the records of this office.

SECULIARY OF STATE



WITNESS my hand and official seal at Columbus, Ohio this 9th day of January, 1995

Bob Taft

Secretary of State