

F9500000817

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: ALGAN, INC.
(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", 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:

MS. LAURA O'DONNELL
(Name of Person)
ALGAN, INC.
(Firm/Company)
16925 PARK CIRCLE DRIVE
(Address)
CHAGRIN FALLS, OH 44022
(City, State and Zip Code)

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Should you need to call someone concerning this matter, please call:

CHARLES J. BURT, CPA at (216) 696 - 2330
(Name of Person) Area Code & Daytime Telephone Number

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COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

mtu



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 9, 1995

LAURA O'DONNELL
16925 PARK CIRCLE DRIVE
CHAGRIN FALLS, OH 44022

SUBJECT: ALGAN, INC.
Ref. Number: W95000002980

We have received your document for ALGAN, INC. . . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$70.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays
Corporate Specialist

Letter Number: 895A00005717

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. ALGAN, INC.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. OHIO

(State or country under the law of which it is incorporated)

3. 34-1092070

(FEI number, if applicable)

4. 10/21/71

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/95

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 16925 PARK CIRCLE DRIVE

CHAGRIN FALLS, OH 44022

(Current mailing address)

8. TO CONDUCT ANY BUSINESS AUTHORIZED BY FLORIDA LAWS & ALGAN, INC.'s CORPORATE CHARTER
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

, Florida, 33324

(Zip Code)

10. 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.

Michael P. Miller Asst. Sec.
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors.

A. DIRECTORS

Chairman: GEORGE R. LINCOLN
Address: 16925 PARK CIRCLE DRIVE
CHAGRIN FALLS, OH 44022

Vice Chairman: N/A
Address: _____

Director: CONSTANCE LINCOLN
Address: 16925 PARK CIRCLE DRIVE
CHAGRIN FALLS, OH 44022

Director: N/A
Address: _____

B. OFFICERS

President: ROBERT GANDOLFO
Address: 16925 PARK CIRCLE DRIVE
CHAGRIN FALLS, OH 44022

Vice President: N/A
Address: _____

Secretary: CONSTANCE LINCOLN
Address: 16925 PARK CIRCLE DRIVE
CHAGRIN FALLS, OH 44022

Treasurer: CONSTANCE LINCOLN
Address: 16925 PARK CIRCLE DRIVE
CHAGRIN FALLS, OH 44022

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____
(Typed or printed name and capacity of person signing application)

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

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RECEIVED
DEC 31 1994

I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting 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 ALGAN, INC., an Ohio corporation, Charter No. 416713, having its principal location in Chagrin Falls, County of Geauga, was incorporated on October 21st, 1971 and is currently in GOOD STANDING upon the records of this office.



WITNESS my hand and official
seal at Columbus, Ohio this
30th day of December, A.D. 1994

Bob Taft

Bob Taft
Secretary of State