ennon16651084 -12/19/95--01033--001 Division of Corporations *****78.75 *****78.75 WESTERN STATES CHEMICAL, INC. SUBJECT: _ (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: SALLY VAN ARSDALE (Name of Person) WESTERN STATES CHEMICAL, INC. (Firm/Company) 4227 BURNHAM DRIVE N.W. (Address) GIG HARBOR, WA 98332 (City/State/Zip) Should you need to call someone concerning this matter, please call: SALLY VAN ARSDALE 851-5956 (Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

TO:

Qualification/Tax Lien Section

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

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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:

| WASHI | | 3 . 91–1702553 | | |
|---|--|--|----------------|----------------------|
| (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | | |
| 12-4-9 | 95 |) 11910 Statement A W | | |
| (Date o | f Incorporation) | 5. PERPETUAL (Duration: Year corp. will cease to exist | | |
| | | | or perpen | ual") |
| (Date first tr | insacted business in Florida. (SEE SECTION | 607.1501.607.1502.AND.817.155.E.S. | | |
| | | | | ยเข้ร |
| | 4227 BURNHAM DRIVE N.W. | | 꾨 | isi. |
| | GIG HARBOR, WA 98332 | | - 몽 | ا مرد. و هن |
| | | | 319 | 177 |
| | (Current mailin | g address) | | <u>رين.</u> دورون |
| | • | g | | |
| | , | , | PH | °0,- |
| Purpose(s) of con Florida) Name and str | CAL DISTRIBUTION poration authorized in home state or country eet address of Florida registered | y to be carried out in the state of | | °0,- |
| (Purpose(s) of con Florida) Name and str acceptable) | CAL DISTRIBUTION poration authorized in home state or country eet address of Florida registered | y to be carried out in the state of | | °0,- |
| (Purpose(s) of corplorida) Name and stracceptable) Name: | CAL DISTRIBUTION poration authorized in home state or country | y to be carried out in the state of agent: (P.O. Box or Mail Drop Bo | | °0,- |
| (Purpose(s) of corp Florida) Name and stracceptable) Name: fice Address: | CAL DISTRIBUTION poration authorized in home state or country eet address of Florida registered C T CORP 1200 SOUTH PINE ISLAND ROA | agent: (P.O. Box or Mail Drop Bo | | °0,- |
| (Purpose(s) of corplorida) Name and stracceptable) Name: fice Address: Registered as | CAL DISTRIBUTION poration authorized in home state or country eet address of Florida registered C. T. CORP 1200 SOUTH PINE ISLAND ROA PLANTATION gent's acceptance: | y to be carried out in the state of agent: (P.O. Box or Mail Drop Bo | » NOT | ~t) ~ |
| (Purpose(s) of corplorida) Name and stracceptable) Name: Registered at the poration at the istered agent and statutes relatives. | CAL DISTRIBUTION poration authorized in home state or country eet address of Florida registered C T CORP 1200 SOUTH PINE ISLAND ROA PLANTATION | agent: (P.O. Box or Mail Drop Box of Florida, 33324 (Zip Code) t service of process for the above son, I hereby accept the appointment further agree to comply with the professional process for the professional process for the above son, I hereby accept the appointment further agree to comply with the professional process. | NOT | RPORATIONS |
| (Purpose(s) of corplorida) Name and stracceptable) Name: Registered at the poration at the istered agent and statutes relatives. | CAL DISTRIBUTION poration authorized in home state or country eet address of Florida registered C T CORP 1200 SOUTH PINE ISLAND ROA PLANTATION gent's acceptance: ed as registered agent and to acceptance designated in this application and agree to act in this capacity. If | agent: (P.O. Box or Mail Drop Box of Florida, 33324 (Zip Code) t service of process for the above son, I hereby accept the appointment further agree to comply with the promance of my duties, and I am family a dagent. | NOT | PORATIONS |

incorporated.

FLORIDA

CONSENT TO SERVE AS REGISTERED AGENT

CT CORPORATION SYSTEM having been designated to act as registered agent hereby agrees to act in this capacity for the following corporation:

Western States Chemical Inc.

C T CORPORATION SYSTEM

Date: December 1, 1995

Jack C. Caskey, Jr. Assistant Vice President

95 DEC 19 PH 1:47

SECRETARY OF STATE

| | and addresses of officers and/or directors: (Street address ONLY-P. cceptable) TORS (Street address only-P.O. Box NOT acceptable) | | |
|----------------------------------|---|-------------|-----------------|
| | | | |
| | | | _ |
| Vice Chairma | n: | <u></u> | |
| Address: | | | _ |
| Director: | | | _ |
| Address: | | | |
| Director: | | | _ |
| Address: | | 9 | NYS |
| | | - <u>9</u> | SEC |
| B. OFFICER | S (Street address only- P. O. Box NOT acceptable) | - 19 | |
| | R. L. BELVEAL | PH | |
| | 12915 FOXGLOVE | | - .つ |
| | GIG HARBOR, WA 98332 | -5 | SHOTTAR |
| Vice President: | A. J. CLERC | | - ∑- |
| Address: | 4816 - 133RD ST. N.W. | | - |
| | GIG HARBOR, WA 98332 | | - |
| Secretary: | SALLY VAN ARSDALE | | _ |
| Address: | 7936 SCHOOLHOUSE AVE | | - |
| | GIG HARBOR, WA 98332 | | - |
| Treasurer: | A. J. CLERC | _ | - |
| Address: | SEE ATOVE | | - |
| NOTE: If nece officers and/or of | essary, you may attach an addendum to the application listing addition directors. | al | - |
| 13. Signatu | Valley on Audeloure of Control of the application | | - |
| SAL | LY VAN ARSDALE, CORP. SECRETARY | 1 | |

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



STATE of WASHINGTON

SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the state of Washington and custodian of its seal,
OF

WESTERN STATES CHEMICAL, INC.

I, RALPH MUNRO, Secretary of State of the State of Washington, hereby certiful that I am the custodian of the corporation records of this state.

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a certificate of incorporation in Washington on December 4, 1995.

I FURTHER CERTIFY that, as of the date of this certificate. no Articles of Dissolution or Certificate of Withdrawal have been filed, that the conditions of the Revised Code of Washington, Title 23B.01.280(2) (a) through (d) have been met, and the corporation is duly authorized to transact business in the corporation is duly authorized to Washington.

Gibra limited mit faint and the State Of Washington.

Gibra limited mit faint and the State Of Washington at Olympia, the State Orpital Washington at Olympia, the State Capital L. Tornow

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