

Document Number Only

F96000001719

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, Florida 32301

City State Zip Phone  
904-222-1092

CORPORATION(S) NAME

400001770874  
-04/05/95--01063--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

96 APR 15 PM 1:14  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Confirma Clad Inc.

☒ Profit  
☐ NonProfit  
☐ Limited Liability Company  
☒ Foreign

☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Annual Report  
☐ Resurrection  
☐ Photo Copies  
☐ Call if Problem  
☐ WIN Well

☐ Merger  
☐ Mark  
☐ Other  
☐ Change of N.A.  
☐ Fictitious Name  
☐ OUS/ 078  
☐ After 4:30  
☒ Pick Up

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Name Availability

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Updater

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Acknowledgment

W.P. Verifier

4/5/94

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FILE 5/1/95

**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. Conforma Clad 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. Delaware 3. Applied For  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/25/96 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. start on April 11, 1996  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. c/o Jacobson Partners  
595 Madison Avenue, New York, NY 10022
- (Current mailing address)  
To conduct any lawful business, to promote any lawful purpose, and to engage in  
8. any lawful act or activity for which corporations may be organized under the General  
Corporation Law of the State of Delaware.  
(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 Corp. System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

, Florida, 33324

(Zip Code)

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DIVISION OF CORPORATIONS  
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**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.*

CT Corp. System  
By: [Signature] Assistant  
(Registered agent's signature) Secretary

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.

Secretary:

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

A. DIRECTORS

Chairman: James Wilson  
Address: c/o Jacobson Partners  
595 Madison Avenue, New York, NY 10022  
Vice Chairman: Rick Horan  
Address: c/o Jacobson Partners  
595 Madison Avenue, New York, NY 10022  
Director: Benjamin Jacobson  
Address: c/o Jacobson Partners  
595 Madison Avenue, New York, NY 10022  
Director: Jim Elsher  
Address: c/o Jacobson Partners  
595 Madison Avenue, New York, NY 10022

B. OFFICERS

President: James Wilson  
Address: c/o Jacobson Partners  
595 Madison Avenue, New York, NY 10022  
Vice President: Rick Horan  
Address: c/o Jacobson Partners  
595 Madison Avenue, New York, NY 10022  
Secretary: James Wilson  
Address: c/o Jacobson Partners  
595 Madison Avenue, New York, NY 10022  
Treasurer: Rick Horan  
Address: c/o Jacobson Partners  
595 Madison Avenue, New York, NY 10022

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.

James Wilson

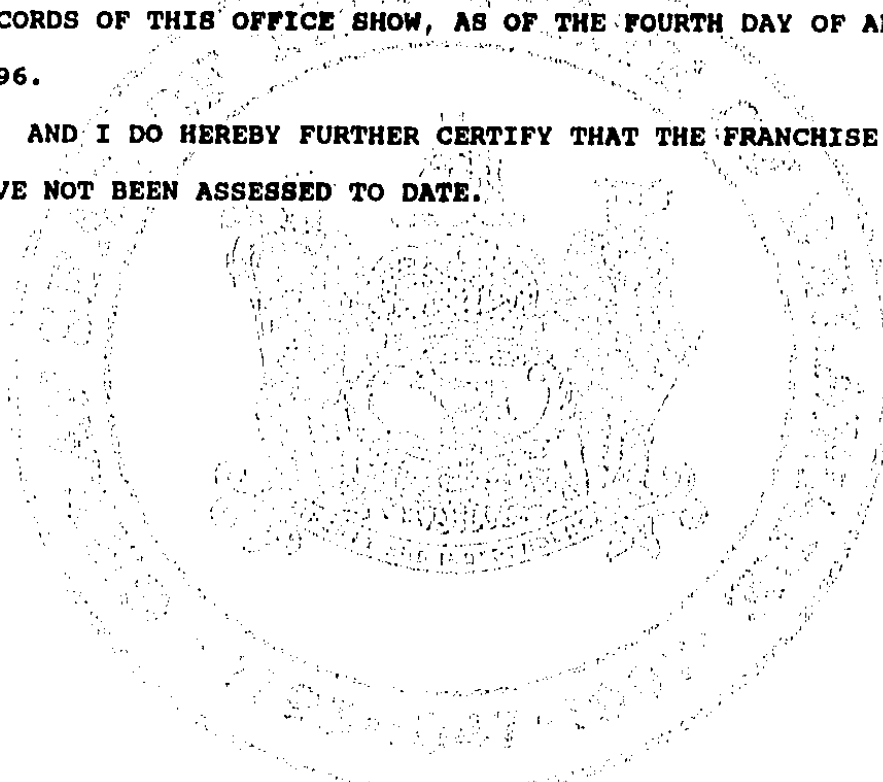
(Typed or printed name and capacity of person signing application)

**State of Delaware**  
**Office of the Secretary of State**

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONFORMA CLAD INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF APRIL, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 APR -5 PM 1:14



*Edward J. Freel*  
Edward J. Freel, Secretary of State

2606123 8300

960098656

AUTHENTICATION:

7896193

DATE:

04-04-96

# F96000001719



City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

**FILED**  
97 AUG -4 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

V3 AUG 14 1997

*Wither*

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL  
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS  
IN FLORIDA**

CONFORM CLAS INC.  
(Name of Corporation)

DELAWARE  
(Incorporated Under Laws Of)

**FILED**  
97 AUG -4 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

501 PARK EAST BLDG.  
(Mailing Address)

NEW ALBANY, IN 47150  
(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Miles E. Holsworth CEO & Asst Secretary  
Signature Title

MILES E. HOLSWORTH 7/28/97  
Typed or printed name Date