# F96000003338

TO: Qualification/Tax Lien Section Division of Corporations

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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:

Tohn (2/2/2/2)

(Name of Person)

Please return Manufacturing Corporation

(Firm/Company)

446 Blake etreet

(Address)

New Haven CT 06515

(City/State/Zip)

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

Tohn (2/2/2)

(Name of Person)

at (2/2/2) 1287-2572

(Area Code & Daytime Telephone Number)

#### COURIER ADDRESS:

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 7 TO TRANSACT BUSINESS IN FLORIDA (1975)

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:

1. New Hoven Manuforturing Corporation		<del></del>
1. New House Manuforturing Coporation (Name of corporation: must include the word "INFORPORATION" 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.)	Words	or
2. De la wave (State or country under the law of which it is incorporated)  3. On-16.54935 (Fill number, if applicable)	<del>,</del>	
4. December 12.1988  5. Recoerce! (Date of Incorporation)  5. Recoerce! (Duration: Year corp. will cease to exist or **		
6. 5/1/96 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.)	herhern	ai )
7446 Blake Street	96 ##1	SECRE
New Haven CT () (6515 (Current mailing address)	-8 <del>-</del> P	FILEI TARY O OF COS
-	出 2: 22	PORATION PORATION
8. Solves, offices (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)		— <del> </del>
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Nacceptable)	<u>IOT</u>	
Name: CT Corporation System		
Office Address: 1200 South Pine Island Rd		
Plantotim , Florida, 33324  10. Registered agent's acceptance:		
10. Registered agent's acceptance: (Zip Code)		
Having been named as registered agent and to accept service of process for the above state 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 provis all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.	d ions o with	ſ

Um Marie (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

12. Names and addresses of officers and/or directors: (Street address ONLY-P, O, Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: See Attached Address: Vice Chairman:\_\_\_\_\_ Address: \_ Director: \_\_\_\_\_ Address: Director: \_\_ Address: \_\_\_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: John Flancian Address: \_2150\_ Massachusetts Avenue Vice President: Giulio Balest Address: 243 High Plans Secretary: Edmund C Vound Address: 49 Maura Somers CT 06071 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Givio Balestono Chief Executive
(Typed or printed name and capacity of person signing application)

Will in

#### BOARD OF DIRECTORS

John P. Flanagan - President & Chairman of the Board 2150 Massachusetts Ave. SSN 013-32-3244 Lexington, MA 02173

Giulio C. Balestrino - Chief Operating Officer
243 High Plains Dr. 047 - 32 - 1914 Vice President
Orange, CT 06477

Edmund C. Young - Chief Financial Officer
49 Manse Hill Road
Somers, CT 06071

SSN 105-46-8413

James Murphy
Bank America Venture
950 Tower Lane
Suite 700
Foster City, CA 94404

Robert O'Buch Bank America Venture 950 Tower Lane Suite 700 Foster City, CA 91404

Rory O'Driscoll Bank America Venture 950 Tower Lane Suite 700 Foster City, CA 94404 SECRETARY OF STATE OF STATE OF STATE OF CORPORATION OF CORPORATION

Signature and Date

NOTE:

In addition, there is an unfilled seat on the Board of Directors. This seat will either be filled by a non-Bank of America personnel or a Bank of America position on the board will be eliminated

#### State of Delaware

#### Office of the Secretary of State PAGE 1

J, EDWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW HAVEN MANUFACTURING CORP." IS DILY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE REPORDS OF THIS DEFICE SHOW, AS OF THE TWENTY-SIXIH DAY OF JANUARY, A.D., 1996.

95 HAY -8 PH 2: 22

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 7805119

01-26-96

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## Fall

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CT CORPORATION SYSTEM			
Requestor's Name 660 East Jefferson St	reet		
Address Tallahassee, FL 3230			
City State Zip	Phone	400002291214 9/12/97-01001-	ក្លិច្ច
CORPORAT	ION(S) NAME	464 4 4 4 SS, QQ — 464 4 6 6	შა. Ա
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	NHM Disodution	Cy The T	
() Profit () NonProfit	(A) Amendment	() MergerDA	Į
() Limited Liability Co	( ) Dissolution/V	Vithdrawal () Mark	
() Limited Partnership () Reinstatement	() Annual Repo () Reservation	ort () Other ucc Filing () Change of R.A. () Fic. Name	
() Certified Copy	() Photo Copie		
() Call When Ready Walk In () Mail Out	() Call if Proble	m () After 4:30 Pick Up	
Name Availability		PLEASE RETURN EXTRA COPIES	
Document Examiner		FILE STAMPED	
Updater	6-11	THANKS, MELANIE (9)	
Verifier	5-11		
Acknowledgment .	Durth,	all of on 1 1 1 1	
W.P. Verifier	date outhing	97 SEP 11 PM DIVISION OF CORP	
CR2E031 (1-89)	V	CORP TO THE TOTAL THE TOTA	

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

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			- 1.58 - 1.58	Process Process Process
				6.8.3 n
· BECTION I (1-3 must be co	empleted)		TORN STATE	( man )
-			9 IDA	
1. New Haven Manufacturing Com Name of corporation as it	appears within the I	ecords of the Dep	artment of	State.
2. Incorporated under laws of:	Delaware			
3. Date authorized to do busines	s in Florida: <u>Nev 8.</u>	1996		
BECTION II (4-7 complete (	only the applicat	le changes)		
4. If the amendment changes effected under the laws of its juri	the name of the is	corporation, wher	n was the	change
September 9, 1997		<del></del>		<del></del>
<ol><li>Name of corporation after the corporated," or appropriate abbr</li></ol>	e amondment, addir eviation, if not conta	g suffix "corporati ined in new name	ion," "comp e of the co	oany," "in- rporation:
NHM Dissolution Corp.		<del> </del>		
6. If the amendment changes the	e period of duration,	indicate new perio	od of durat	ion.
No Change				
7. If the amendment changes the	jurisdiction of inco	poration, indicate	new jurisd	liction.
N/A				
		<b>A</b>		
16,Celber		Sept 5/	1997	
( Signature Name and Title		/ Date		
Roy C. David, Chief Executi	ve Officer			

(FLA.- 2251 - 3/19/93)

**PAGE** 

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NEW HAVEN MANUFACTURING CORP.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NHM DISSOLUTION CORP.", THE EIGHTH DAY OF SEPTEMBER, A.D. 1997, AT 10 O'CLOCK A.M.

Edward J. Freel, Secretary of State

AUTHENTICATION:

8639489

971297905

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2180820

DATE:

09-08-97