

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: TRANSCO PRODUCTS ERECTION 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:

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-11/03/97--01145--004
*****78.75 *****78.75

MARGARET YOUNG-LAI

(Name of Person)

TRANSCO INC

(Firm/Company)

55 EAST JACKSON BLVD SUITE 2100

(Address)

CHICAGO ILLINOIS 60604

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MARGARET YOUNG-LAI at (312) 427-2828 ext 111

(Name of Person)

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
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.*

1. TRANSCO PRODUCTS ERECTION INC
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" 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. 36-3289320
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-29-84 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 55 EAST JACKSON BLVD CHICAGO ILLINOIS 60604 suite 2100
(Current mailing address)

8. TO INSTALL INSULATION PRODUCTS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: PRENTICE HALL
Office Address: 1201 HAYS ST STE 105
TALLAHASSEE, Florida, 32301
(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.

Patricia Cosentino 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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: HOWARD S GOSS,

Address: 55 EAST JACKSON BLVD CHICAGO ILLINOIS 60604

Vice Chairman: _____

Address: _____

Director: C. R. JOHNSTON

Address: 513 WAYNE DR

WILMINGTON N.C. 28403

Director: EDWARD WOLBERT

Address: 55 EAST JACKSON BLVD

CHICAGO ILLINOIS 60604

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B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: EDWARD WOLBERT

Address: 55 EAST JACKSON BLVD

CHICAGO ILLINOIS 60604

Vice President: ELLEN M. SMITH

Address: 55 EAST JACKSON BLVD

CHICAGO ILLINOIS 60604

Secretary: ELLEN M. SMITH

Address: 55 EAST JACKSON BLVD

CHICAGO ILLINOIS 60604

Treasurer: ELLEN M SMITH

Address: 55 EAST JACKSON BLVD

CHICAGO ILLINOIS 60604

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

13. *Ellen M Smith*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ELLEN M. SMITH VICE PRESIDENT

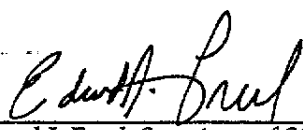
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSCO PRODUCTS ERECTION 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 TWENTY-THIRD DAY OF OCTOBER, A.D. 1997.




Edward J. Freel, Secretary of State

AUTHENTICATION:

2031811 8300

DATE: 8718259

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10-23-97

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SECRETARY OF STATE
DELAWARE