

# F98000000185

CRS  
FILING COVER SHEET  
222-1173  
ACCT. #FCA-14

CONTACT:

CINDY HICKS

DATE:

1-9-98

REF. #:

0158.1344

CORP. NAME:

Innovative Acquisition Company,  
Inc

☐ ARTICLES OF INCORPORATION

☐ ARTICLES OF AMENDMENT

☐ ARTICLES OF DISSOLUTION

☐ ANNUAL REPORT

☐ TRADEMARK/SERVICE MARK

☐ FICTITIOUS NAME

☒ CERT. OF AUTHORITY

☐ LIMITED PARTNERSHIP

☐ LIMITED LIABILITY

☐ REINSTATEMENT

☐ MERGER

☐ UCC-1

☐ UCC-3

500002395335--4

PLEASE RETURN:

☒ CERTIFIED COPY

☐ CERTIFICATE OF STATUS

☐ PLAIN STAMPED COPY

AUTHORIZATION:

Cindy Hicks

COST LIMIT

\$ 122.50

RECEIVED  
98 JAN -9 PM 11:56  
DIVISION OF CORPORATIONS  
FILED  
98 JAN -9 PM 2:47  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JK 1-12

# 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. INNOVATIVE ACQUISITION COMPANY, 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  
(State or country under the law of which it is incorporated)
3. 36-4200851  
(FEI number, if applicable)
4. December 4, 1997  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 999 Plaza Drive, Suite 830  
Schaumburg, IL 60173  
(Current mailing address)
8. Manufacture and distribute folding cartons and labels.  
(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: (P.O. Box or Mail Drop Box NOT acceptable)**  
**Name:** NRAI Services, Inc.  
**Office Address:** 526 E. Park Avenue  
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.*

See attached

(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.

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2. \_\_\_\_\_  
(State or country under the law of which it is incorporated)

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(FEI number, if applicable)

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(Date of Incorporation)

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

6. \_\_\_\_\_  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. \_\_\_\_\_

\_\_\_\_\_  
(Current mailing address)

8. \_\_\_\_\_  
(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: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

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(Zip Code)

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C. Baclet  
(Registered agent's signature) Vice President

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.

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98 JAN 9 PM 2:47

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: See attached.

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

14. Secretary, Treasurer and Chief Financial Officer  
(Typed or printed name and capacity of person signing application)

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**INNOVATIVE ACQUISITION COMPANY, INC.**

**DIRECTORS AND OFFICERS**

**Directors:**

Richard W. Majewski  
999 Plaza Drive, Suite 830  
Schaumburg, IL 60173

Norton A. Rappaport  
7614 Eads  
La Jolla, CA 92037

Robert W. Zimmer  
999 Plaza Drive, Suite 830  
Schaumburg, IL 60173

**Officers:**

**Chief Executive Officer**

Richard W. Majewski  
999 Plaza Drive, Suite 830  
Schaumburg, IL 60173

**Vice President**

Norton A. Rappaport  
7614 Eads  
La Jolla, CA 92037

**Secretary, Treasurer and  
Chief Financial Officer**

Robert W. Zimmer  
999 Plaza Drive, Suite 830  
Schaumburg, IL 60173

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

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNOVATIVE ACQUISITION COMPANY, 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 SIXTH DAY OF JANUARY, A.D. 1998.



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 8849350  
DATE: 01-06-98