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To:

Qualification/Tax Lien Section

Division of Corporations

THE INTERIVAC ENGINE PARTS BROWF, INC.,
(Name of corporation - must include suffix)

Dear Sir or Madam:

000002 '98--01116--008

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:

ALAN E. GARTRELL
(Name of Person)

MTERIVAL ENGINE PARTS
(Firm/Company)

P.O. BOX Z958
(Address)

MERIDIAN, Ms. 39302
(City/State/Zip)

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

(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.

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.

(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: ____ JOHN M. GARTRELL, PRESIDENT AND MEMBER OF BOARD & SALES MGR 805 BUCK ISLAND ROAD Address: ____ GUNTERSVILLE, AL. 35976 205-582-1247 DOB 5/2/43 ALAN E. GARTRELL, SECRETARY & TREASURER AND MEMBER OF BOARD Vice Chairman: & ADMINISTRATIVE MGR 8464A NE PINE DRIVE MERIDIAN, MS. 39305 601-693-8282 DOB 8/15/46 Director: ____ LANG C. PARKER, VICE PRESIDENT AND MEMBER OF BOARD 2618 WILDWOOD DRV Address: ____ MONTGOMERY, AL. 36111 205-263-1287 CARLOS BEAN, VICE PRESIDENT AND MEMBER OF BOARD & WHSE MGR Director: ____ 188 FERN VALLEY ROAD BRANDON, MS. 39042 Address: ____ 601-825-8104 B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Address: _____ JENNIFER JAMES, MEMBER OF BOARD & ACCOUNTING MGR 3601 62ND AVE - MERIDIAN, MS. 39307 Vice President: ___ DAVID M. MITCHELL, MEMBER OF BOARD & WHSE MGR 7179 KALI OKA ROAD SARALAND, AL. 36571 CHARLES A. FORRESTER, MEMBER OF BOARD & REGIONAL MGR Secretary: _____ ROUTE 1 BOX 88 CENTREVILLE, AL. 35042 JERRY KIMBROUGH, MEMBER OF BOARD & REGIONAL MGR ____ 17637 SHARPBURG ROAD BATON ROUGE, LA. 70817 Treasurer: ____ 504-752-5450

NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13.	Man E BANTUR	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	_
14	SECRETARY TREASURER	

Address: ____

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

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my_office, do hereby certify:

That on November 21,1974 the state of Mississippi issued a Charter/Certificate of Authority to:

THE INTERNAL ENGINE PARTS GROUP, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

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Given under my hand and seal of office December 09,1997

ERIC CLARK, Secretary of State