20000294 PARALEGAL & ATTORNEY SERVICE BUREAU, INC. (Requestor's Name)

1406 Hays Street, Suite 2 (Address) (904) 656-3992 Tallahassee, FL 32301

(City, State, Zip) (Phone #)

Other

OFFICE USE ONLY

		***	01/20/9801002052 ****122.50 ****122.50
CORPORATION NAME	E(S) & DOCUMENT NUM	[BER(S) (if known):	1
1. Clinch - On	ProducTs, Inc.	(Document #)	3.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5
	n Name)	(Document #)	
Corporatio	n Name)	(Document #)	S
3. (Corporation	n Name)	(Document #)	9.0
4. (Corporation	on Name)	(Document #)	
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Mail out W	Vill wait Photocopy	Certificate of S	tatus $4/120$
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Office	er/Director	*
Limited Liability	Change of Registered Age	ent	<u> </u>
Domestication	Dissolution/Withdrawal		78. 78. 78. 78. 78. 78. 78. 78. 78. 78.
Other	Merger		RECEIVED 98 JAN 16 PM 4: 08 DIVISION OF CORPORATION
			F _C C
OTHER FILINGS	REGISTRATION/ QUALIFICATION		PH <
Annual Report	✓ Foreign		ž f ö
Fictitious Name	Limited Partnership		MON B
Name Reservation	Reinstatement		
	Trademark	F-	aminer's Initials
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APPLICATION BY FUREIGN 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 Clinch-On Products, Inc.	TATEL ICOL DANKS CONTOUR AND A STANK
(Name of corporation: must include the word "INCORPO) abbreviations of like import in language as will clearly indiperson or partnership if not so contained in the name at pro-	RATED", "COMPARY", "CORPORATION" or words or icate that it is a corporation instead of a natural essent)
) Delaware	3. 36-4198163
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
	•
4. 12-16-97 (Date of Incorporation)	5. Perpetual' (Duration: Year corp. will cease to exist or "perpetual")
	· · · · · · · · · · · · · · · · · · ·
6. upon filing (Date first transacted business in Florida. (SEE SECTION	NS 607.1501, 607.1502, AND 817.155, F.S.)
7 4825 North Scott Street, Suit	e 300
	\$ <u>6</u> 6
Schiller Park, Illinois 60176	
(Current mail	
8. Any lawful act or activity	
(Purpose(s) of corporation authorized in home state or coun Florida)	ntry to be carried out in the state of
9. Name and street address of Florida registere acceptable)	d agent: (P.O. Box or Mail Drop Box <u>NOT</u>
Name: National Corporate Re	esearch, Ltd
Office Address: 1406 Hays Street, Ste	±. #2
Tallahas	sse , Florida , 32301
10. Registered agent's acceptance:	(Zip Code)
Having been named as registered agent and to accomporation at the place designated in this applica registered agent and agree to act in this capacity. all statutes relative to the proper and complete per and accept the obligations of my position as registered.	tilon, I hereby accept the appointment as I further agree to comply with the provisions of rformance of my duties, and I am familiar with
By: National Corporate Re By: (Registered ag	ensearch, Ltd. ens signance) Kathleen J. Hill, Agent
11. Attached is a certificate of existence duly authorized delivery of this application to the Department of official having custody of corporate records in the corporate	enticated, not more than 90 days prior to of State, by the Secretary of State or other 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: Garin W. Smith Address: 4825 N. Scott Street, Ste. 300, Schiller Park, IL 60176 Vice Chairman: Arthur L. Whitman Address: 4825 N. Scott Street, Ste. 300, Schiller Park, IL 60176 Director: _____ Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Garin W. Smith Address: <u>above</u> Vice President: Arthur L. Whitman Address: ____above_ Secretary: Garin W. Smith Address: above Treasurer: Arthur L. Whitman Address: ___above 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)

(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 "CLINCH-ON PRODUCTS, INC." IS DULY

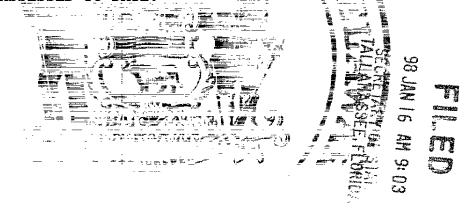
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JANUARY,

A.D. 1998.

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



Edward J. Freel, Secretary of State

2834126 8300

AUTHENTICATION:

8868969

981018725

DATE:

01-15-98