CAPITAL CONNECTION DIS 17 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	001085
Springer Controls Company, Inc.	4000024402949 -02/25/9801035028 ******70.00 ******70.00 W98-4207
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 25, 1998

CAPITAL CONNECTION, INC.

SUBJECT: SPRINGER CONTROLS COMPANY, INC. Ref. Number: W98000004207

We have received your document for SPRINGER CONTROLS COMPANY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call $\frac{1}{57}$ (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 098A00010652

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	SPRINGER CONTROLS COMPANY, INC.	_	
1.	Olome 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.)		
	natural person of parmership if not so contained in the name at presence)		
2.	SOUTH CAROLINA 3. 58-2287792 (State or country under the law of which it is incorporated) (FEI number, if applicable)		
4	(Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	_	
••	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")		
	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		
6.	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		
	PO BOX 2893, ROCK HILL, SC 29732-4893		÷
7.	PU DOX 2893, AUGF 1110- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	<u>s</u>	
	(Current mailing address)	<u> </u>	-
	N S		
8.	ANY LAWFUL BUSINESS		
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	3S.	
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	ATIONS	
	Name: MARSHALL E. Wood Esquine		
0	Office Address: 303 CENTRE STREET SUITE 100		
	FERNANDINA BEACH, Florida, 32034		
	(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.

1)oar (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)

. . . .

Chairman:		
Address:		
Vice Chairman		
Address:	1.	~~~
	APPLICABLE NO B.O.V. NOT WITH OPERATING	
Director:	OPERATIV	
Address:		
B. OFFICEF	RS (Street address only - P.O. Box NOT acceptable)	98 FEB
President:		B 25
Address:	1413 SOMERSET DR. LANSCASTER, SC 29720	
	JANE W. LINDBERG	3: 24
Address:	1413 SOMERSET DR	
Secretary:	1413 SOMERSET DR	4
Treasurer:	LANCASTER, SC 29720 ROBERT J LINDBERG 1413 SOMERSET DE	
	LANCASTER, SC. 29720	
NOTE: If ne	cessary, you may attach an addendum to the application listing additional officers and/or directors.	
14	(Signature of Charman, Vice Charman, of any onder inster in number 12 of the application) ROBERT T. LINDBERG - PRESIDENT (Typed or printed name and capacity of person signing application)	

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

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Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina. Tax Commission or whether the Corporation has filed the annual report with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.