	n of Corporations
SUBJECT:/	n of Corporations
Dear Sir or Mad	week.
"Certificate of I transact busines	
riease return an	Roward A CARNWELL ******70.00
	(Name of Person)
	TRIANGLE BRICK COMPANY
	(Firm/Company)
	65V3 N.C. Hwy 55
	(Address)
	Ducham 1/1- 27713
	20(1/970)
	Durham NC 27713 (City/State/Zip)
	Ronald A CARDWell ******  (Name of Person)  TRIANGLE BRICK COMPANY  (Firm/Company)  6573 N.C. Hwy 55  (Address)

### **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. 1/(1/9/4)	ale Brick	COMPANY
(Name of corpo	ration; must include the word "IN	Company", "CORPORATION" or
words or abbre	riations of like import in language	e as will clearly indicate that it is a corporation instead of a
natural person o	or partnership if not so contained i	in the name at present.)
2. NORTH	CAROLINA	orporated)  3. 56-069/893  (FEI number, if applicable)  5. //def, // / / (Duration: Year corp. will cease to exist or "perpetual")
(State or country	y under the law of which it is inco	orporated) (FEI number, if applicable)
4. 4.	21-59	5. / Nde finite
(Da	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
	1 : 100	The state of the s
(Date firs	t transacted business in Florida.) (	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7.	523 Not. HWY	55
	Durham ne	37713
	(Curren	nt mailing address)
8. <u>2811 @</u> (Purpose	(s) of corporation authorized in ho	bRick to CVS to mus nome state or country to be carried out in state of Florida)
9. Name and str		ered agent: (P.O. Box or Mail Drop Box NOT acceptable)
		ered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	cet address of Florida registe	ered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	reet address of Florida registe	ered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	cet address of Florida register CT Corporation System 1200 South Pine Island	d Road
Name:	cet address of Florida register CT Corporation System 1200 South Pine Island	ered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Office Address:	eet address of Florida registe CT Corporation System 1200 South Pine Island Plantation	d Road
Name: Office Address:  10. Registered a	cet address of Florida registe CT Corporation System 1200 South Pine Island Plantation  agent's acceptance:	d Road  , Florida, 33324 (Zip code)
Name: Office Address:  10. Registered a	cet address of Florida register  CT Corporation System  1200 South Pine Island  Plantation  agent's acceptance:  ed as registered agent and to acceptance	d Road
Name: Office Address:  10. Registered a Having been namin this application	cet address of Florida register  CT Corporation System  1200 South Pine Island  Plantation  Agent's acceptance:  ed as registered agent and to accept, I hereby accept the appointment	ered agent: (P.O. Box or Mail Drop Box NOT acceptable)  d Road  , Florida, 33324 (Zip code)  cept service of process for the above stated corporation at the place designate at as registered agent and agree to act in this capacity. I further agree to
Name: Office Address:  10. Registered a  Having been name in this application comply with the p	cet address of Florida register  CT Corporation System  1200 South Pine Island  Plantation  Agent's acceptance:  ed as registered agent and to accept, I hereby accept the appointment provisions of all statutes relative to the statutes of my position as registered.	ered agent: (P.O. Box or Mail Drop Box NOT acceptable)  d Road
Name: Office Address:  10. Registered a  Having been name in this application comply with the p	The cet address of Florida register of CT Corporation System  1200 South Pine Island  Plantation  Regent's acceptance:  Let as registered agent and to accept the appointment of all statutes relative to the statutes of my position as register of the corporation.	d Road
Name: Office Address:  10. Registered a  Having been name in this application comply with the p	cet address of Florida register  CT Corporation System  1200 South Pine Island  Plantation  Regent's acceptance:  ed as registered agent and to accept the appointment of the provisions of all statutes relative to the corporation of the property of the pr	d Road

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: COLLIER COBS TT
Address: 350 TENNEY CIRCLE  Chapel HILL NC 27514
Vice Chairman: No 0 N
Address:
Director: Howard P BROWN
Address: 206 Edinburgh DR
CAKY NC 27511
Director: ARCh E Lynch
Director: Arch E Lynch  Address: 5210 SADDLE COURT  RALEIGN MC 27609
RALRISH TIC 27609
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: HOWARD PROWN
Address: 206 Edinburgh DRIVE  CARY, NC 27511
CARY, NC 27511
Vice President: Scott Mollenkopf
Address: 118 MALTLAND DRIVE
CARY NC 2751)
CARY NC 2751)  Secretary: ARCh E Lynch  Address: 5210 SAJdle Court  RALEIGH NC 27609
Address: 5210 SANDLE COURT
RALEIGH NC 27609
Treasurer: HOWARD P BROWN
Address: 206 ELINBURGH DRIVE
Treasurer: HOWARD P BROWN  Address: 206 ELINDURGH DRIVE  CARY, NC 2751)
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
1 hours Maria
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. HOWARD P. BROWN PRESIDENT (Typed or printed name and capacity of person signing application)



# Department of The Secretary of State

### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### TRIANGLE BRICK COMPANY

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 21st day of September, 1959, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of March, 1998.

Elaine J. Marshall

Secretary of State