

To: Qualification/Tax Lien Section Division of Corporations SUBJECT: Bianchi Trison Corporation (Name of corporation - must include suffix) Dear Sir or Madam: 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: David A. D'Accurzio (Name of Person) Bianchi Trison Corporation (Firm/Company) N98-20467 300 Longbranch Road (Address) Syracuse, New York _ 13209 (City/State/Zip) Should you need to call someone concerning this matter, please call: David A. D'Accurzio at () 453-0001 Ext. 304 (Name of Person) (Area Code & Daytime Telephone Number)

STREET 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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 9, 1998

DAVID A. D'ACCURZIO BIANCHI TRISON CORPORATION 300 LONGBRANCH RD. SYRACUSE, NY 13209

SUBJECT: BIANCHI TRISON CORPORATION

Ref. Number: W98000020467

We have received your document for BIANCHI TRISON CORPORATION 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 (850) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 998A00045778

DIVISION OF CORPORATIONS
98 SEP 21 AMII: 07

AUG - 6 1998

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.

	EIGN CORPORATION TO TRANSACT BUSIN				
	Bianchi Trison Corp., tion; must include the word "INCORPORATED",	SCON (DANK)	" "COPPOR	ATION" or	<u> </u>
	ation; must include the word "INCORPORATED", ations of like import in language as will clearly indipartnership if not so contained in the name at prese	cate marker	s a corporation	instead of a	
•					
New York	3	16	<u>-1152788</u>	Fannliashla)	·
(State or country	under the law of which it is incorporated)	((FEI nunivei, I	аррисаотс)	
4 10/22/80	5. <u></u>	Perpetu	a1		4333
	of incorporation) 5	п: Үеаг соп	o. will cease to	exist or "perper	tual")
6. UP	ON QUALIFICATION		7 1500 1 010	155 ES)	
(Date first	transacted business in Florida.) (SEE SECTIONS 6	07.1501, 60	1.1502 and 817	,133, F.S. <i>)</i>	DIV ^S 98
7300 Longb	ranch Road			<u> </u>	SE SE
	Nov. Vort. 13209				_ <u>N_O</u>
<u>Syracuse</u> ,	New York 13209 (Current mailing address)	· · · · · ·	-		
(Purpose(n Contractor s) of corporation authorized in home state or countre eet address of Florida registered agent: (P.O.)				ANII: 07 DE
9. Name and sur	eet address of ribilda registered against		_		
Name:	C T Corporation System	. – · ·	-		
	1200 South Pine Island Road	_			
		Elorida	33324		
•	Plantation	_, Florida,	(Zip code)		-
10. Registered a	agent's acceptance:		_	,	
Having been nam in this application	ed as registered agent and to accept service of pros, I hereby accept the appointment as registered agrovisions of all statutes relative to the proper and digations of my position as registered agent. (Registered agent's signal	complete per	formance of n	orporation at the capacity. I fund in the second in the se	e place designated rther agree to am familiar with
a a autoria	and the second s	e than 90 da	vs prior to deli	very of this app	olication to the liction under the law

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.

haimman:		
oanman	William P. Bianchi	—
ddress:	300 Longbranch Road	
	Syracuse, New York 13209	
ice Chairn	nan: David M. Bianchi	
.ddress: _	300 Longbranch Road	
	Syracuse, New York 13209	
Director: _		
Address: _		
_	<u></u>	
Director: _	98 V.S.)]]
		T
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)	٠.
President:	William P. Bianchi	-
Address: _	300 Longbranch Road	
	Syracuse, New York 13209	
Vice Presi	dent: David M. Bianchi	
Address:	300 Longbranch Road	
	Syracuse, New York 13209	
Secretary:	David M. Bianchi	
Address:	300 Longbranch Road	
	Syracuse, New York 13209 •	
Treasurer	: William P. Bianchi	
Address:	300 Longbranch Road	
	Syracuse, New York 13209	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	

State of New York Department of State | ss:

I hereby certify, that the certificate of incorporation of BIANCHI TRISON CORP. was filed on 10/22/1980, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of August one thousand nine hundred and ninety-eight.

Special Deputy Secretary of State

*

MENT OF

199808190198 38

DIVISION OF CORFORATION