

F98000005523

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MULTI-PRODUCTS DISTRIBUTION, INC.
(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:

BEATRICE BROWN
(Name of Person)

400002642074-1
-09/17/98--01055--002
*****70.00 *****70.00

MULTI-PRODUCTS DISTRIBUTION, INC.
(Firm/Company)

1450 E. AMERICAN LN., STE. 1400
(Address)

SCHAUMBURG, IL. 60173
(City/State/Zip)

W98-21287

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

BEATRICE BROWN at (847) 330-4459
(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

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 17, 1998

BEATRICE BROWN
MULTI-PRODUCTS DISTRIBUTION, INC.
1450 E. AMERICAN LN., STE. 1400
SCHAUMBURG, IL 60173

SUBJECT: MULTI-PRODUCTS DISTRIBUTION, INC.
Ref. Number: W98000021287

We have received your document for MULTI-PRODUCTS DISTRIBUTION, 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 (850) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 798A00047135

**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. MULTI-PRODUCTS DISTRIBUTION, INC.
(Name 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.)
2. ILLINOIS 3. 36-4093420
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 2, 1996 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1450 E. AMERICAN LN. STE 1400
SCHAUMBURG, IL 60173
(Current mailing address)

8. DISTRIBUTOR OF JANITORIAL SUPPLIES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: MARIA MARTINEZ

Office Address: 4330 NW 168 TERR
MIAMI, FL, Florida, 33055
(Zip code)

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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.

[Signature]
(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: BEATRICE BROWN

Address: 409 LINSEY AV
SCHAUMBURG, IL 60194

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: BEATRICE BROWN

Address: 409 LINSEY AVE
SCHAUMBURG, IL 60194

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

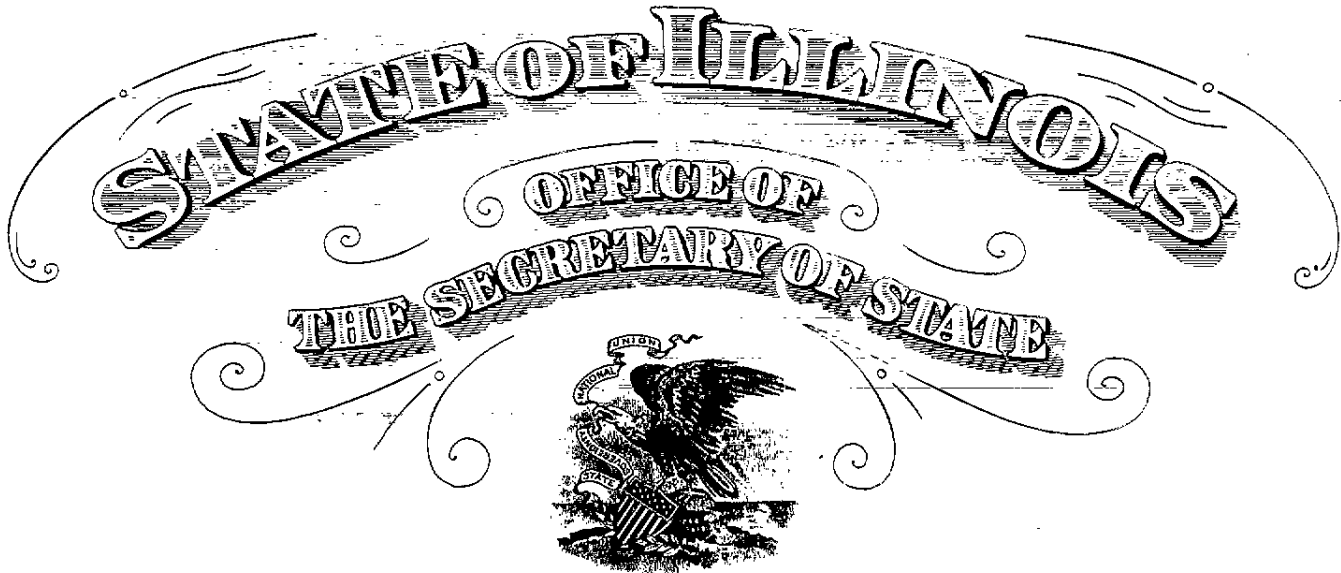
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Beatrice Brown
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BEATRICE BROWN, PRESIDENT / OWNER
(Typed or printed name and capacity of person signing application)

File Number 5894-046-1



To all to whom these Presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,
do hereby certify that MULTI-PRODUCTS DISTRIBUTION, INC., A DOMESTIC
CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JULY 2,
1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE
BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF
ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE,
IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF
ILLINOIS*****



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal
the State of Illinois this 1ST
day of SEPTEMBER A.D. 19 98

George H. Ryan
SECRETARY OF STATE

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