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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: A.S. POLONYI CO.
(Name of corporation - must include suffix)

Dear Sir or Madam:

100002693371--2
-11/23/98--01037--005
*****78.75 *****78.75

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:

ALBIN S. POLONYI
(Name of Person)
A.S. POLONYI CO.
(Firm/Company)
7070 PLACIDA ROAD
(Address)
CAPE HAZE, FL. 33946
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ALBIN S. POLONYI at (941) 698-1882
(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

NOV 23 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.*

1. A.S. POLONYI CO.
(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. MISSOURI 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/2/1973 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. DECEMBER 1, 1998
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. _____
1203 W. 103RD ST. #201 KANSAS CITY, MO 64114
(Current mailing address)

8. CONSULTING, INVESTMENTS, COMMODITY TRADING PER CHARTER
(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: FRANCES F. POLONYI

Office Address: 7070 PLACIDA ROAD

CAPE HAZE, Florida, 33946
(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.

Frances F. Polonyi
(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: ALBIN S. POLONYI

Address: 1203 W. 103RD ST. #201
KANSAS CITY, MO 64114

Vice Chairman: FRANCES I. POLONYI

Address: 1203 W. 103RD ST. #201
KANSAS CITY, MO 64114

Director: ALBIN S. POLONYI JR.

Address: 714 MINNESOTA AVE.
BEMIDJI, MN 56601

Director: _____

Address: _____

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

President: FRANCES I. POLONYI

Address: 1203 W. 103RD ST. #201
KANSAS CITY, MO 64114

Vice President: _____

Address: _____

Secretary: ALBIN S. POLONYI

Address: 1203 W. 103RD ST. #201
KANSAS CITY, MO 64114

Treasurer: ALBIN S. POLONYI

Address: / DITO /

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

13. Albin S. Polonyi
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ALBIN S. POLONYI SEC'Y.
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

STATE OF MISSOURI



Rebecca McDowell Cook
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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CORPORATION DIVISION
CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA MCDOWELL COOK, SECRETARY OF STATE OF THE STATE
OF MISSOURI, DO HEREBY CERTIFY THAT THE RECORDS IN MY OFFICE
AND IN MY CARE AND CUSTODY REVEAL THAT
A. S. POLONYI CO.

WAS INCORPORATED UNDER THE LAWS OF THIS STATE ON THE 2ND
DAY OF JANUARY, 1973, AND IS IN GOOD STANDING, HAVING FULLY
COMPLIED WITH ALL REQUIREMENTS OF THIS OFFICE.

IN TESTIMONY WHEREOF, I HAVE SET MY
HAND AND IMPRINTED THE GREAT SEAL OF
THE STATE OF MISSOURI, ON THIS, THE
12TH DAY OF NOVEMBER, 1998.

Rebecca McDowell Cook
Secretary of State

