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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.	U.S. Lock Corporation (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.	Delaware3. Applied For(State or country under the law of which it is incorporated)(FEI number, if applicable)	
4.	December 15, 1998 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 817.156, F.S.))	
7.	801 West Bay Street, Jacksonville, Florida 32204	
	(Current mailing address)	
8	See attached purpose clause (Purpose(s) of corporation authorized in home state or country to be carried out in the state of S Florida)	<u> </u>
9	. Name and street address of Florida registered agent:	
	Name: <u>C T Corporation System</u> c/o C T Corporation System, 1200 South Pine Office Address: <u>Island Road</u>	
	Office Address: Island Road <u>Plantation</u> , Florida, <u>33324</u> (Zip Code)	

10. Registered agent 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 obligation of my position as registered agent.

poration System

(Registered agent's signature) (Officer) VICKY GOLDSTEIN SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

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:

A. DIRECTORS

Chairman:	William R. Pray	
Address:	801 West Bay Street	
	Jacksonville, Florida 32204	
Vice Chairr	nan:	
Address:	<u> </u>	
	<u></u>	· .
Director:		
	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	· · · · · · · · · · · · · · · · · · ·	9
Director:		98 DEI
Address:		ETAIL CIB
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OFFICERS		ED B PH 1:27 SEE FLORIE
President: _W	Villiam R. Pray	IBE 7
	01 West Bay Street	
	acksonville. Florida 32204	
Vice Preside	ent:	
Address:	· · · · · · · · · · · · · · · · · · ·	
-		
Secretary: <u>A</u>	ndrea M. Luiga	-
	01 West Bay Street	
<u>.</u> .	acksonville, Florida 32204	

Β.

Treasurer:	<u> </u>		 		 	
Address:		 <u></u>	 	<u> </u>	 	

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)

14. Andrea M. Luiga, Secretary

(Typed or printed name and capacity of person signing application)



Appendix to Florida Application by Fgn. Corp. for Authorization to Transact Business in Florida

Purpose Clause of U.S. Lock Corporation

A marketer and supplier of security hardware and related products, and to engage in any lawful act or activity for which corporations may be organized to do business.



State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "U.S. LOCK CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES





Edward J. Freel, Secretary of State

AUTHENTICATION: DATE:

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