

Document Number Only

F990000001519

CT Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32310 222-1092

City State Zip Phone

CORPORATION(S) NAME

800002813958--4
-03/22/99--01109--018
*****70.00 *****70.00

03/22

Multi Caribe, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 22 12:00

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Limited Liability Company |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> UCC-1 Financing Statement | <input type="checkbox"/> UCC-3 Filing |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

| |
|-------------------|
| Name |
| Availability |
| Document Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

Please Return Extra Copies
File Stamped.

Thank You!!

Hope

3/22

RECEIVED
99 MAR 22 PM 1:22
DIVISION OF CORPORATION

**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:*

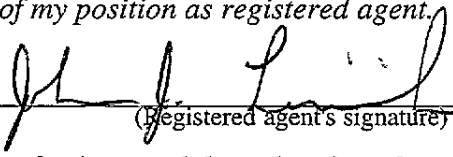
1. HILTI CARIBE, INC
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. 73-1354723
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. DECEMBER 8, 1989 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 3-1-99
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 5400 SOUTH 122ND EAST AVENUE
TULSA, OKLAHOMA 74146
(Current mailing address)
8. SALE AND DISTRIBUTION OF TOOLS AND FASTENING SYSTEMS, ANY LEGAL PURPOSE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

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.


(Registered agent's signature) John J. Linnihan, Asst. VP

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: David L Cleveland

Address: 5400 S. 122nd East Avenue

Tulsa, Oklahoma 74146

Vice Chairman: _____

Address: _____

Director: Kelly L. Beaver

Address: 5400 S. 122nd East Avenue

Tulsa, Oklahoma 74146

Director: _____

Address: _____

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

President: David L. Cleveland

Address: 5400 S. 122nd East Avenue

Tulsa, Oklahoma 74146

Vice President: Manuel Trillo

Address: 5400 S. 122nd East Avenue

Tulsa, Oklahoma 74146

Secretary: Kelly L. Beaver

Address: 5400 S. 122nd East Avenue

Tulsa, Oklahoma 74146

Treasurer: Manuel Trillo

Address: 5400 S. 122nd East Avenue

Tulsa, Oklahoma 74146

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

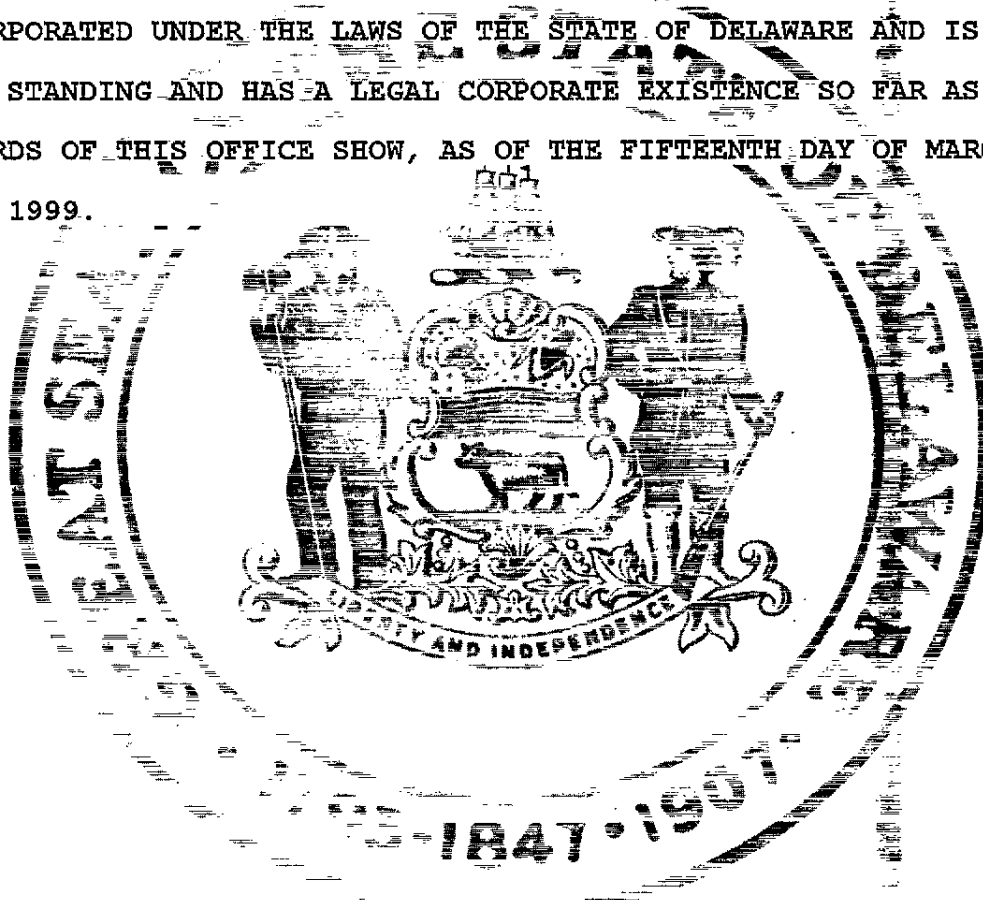
13. Kelly Beaver
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kelly Beaver
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 22 PM 2:01

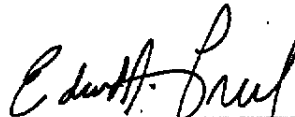
State of Delaware
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HILTI CARIBE, INC." 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 MARCH, A.D. 1999.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 22 PM 2:01





Edward J. Freel, Secretary of State

AUTHENTICATION:

2215694 8300

DATE: 9626665

991094810

03-15-99