To: Qualification/Tax Lien Section Division of Corporations			<u>_</u>				
SUBJECT:	BERNARDIN, LOCHMUELLER AND	ASSOCIATES, INC.					
(Name of corporation - must include suffix)							
Dear Sir or Mad	am:						
	application by Foreign Corporation for existence", and check are submitted to ress in Florida.						
Please return all	correspondence concerning this matter	to the following:	- 				
	Keith Lochmueller, Presiden	t	4 66 18 19 10 10 10 10 10 10 10 10 10 10 10 10 10				
-	(Name of		PA CHE				
	Bernardin, Lochmueller & As	- 6 A					
	(Firm/Con	mpany)	₹ Q8				
_	8: 33						
	(Addr	S THE					
	Evansville, IN 47715-4006		<u> </u>				
•	(City/Sta	• '	 4/:				
Should you need	to call someone concerning this matte		1002830748{ -04/06/9901054002 *****78.75 *****78.75				
Virginia S.	. Wortz at (812) 479-6200	· 				
(Name o	of Person) (Area C	Code & Daytime Telephone	Number)				
STREET ADDI	RESS:	MAILING ADDRESS:	<u>-</u>				
Qualification/Ta Division of Corp 409 E. Gaines St Tallahassee, FL	porations 	Qualification/Tax Lien Sec Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	etion				
Enclosed is a che	eck for the following amount:		- -				
570.00 Filing	Fee \$\overline{\overli	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy				

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		DIN, LOCHMUELLER AND AS							
		oration; must include the word "D							
		viations of like import in language				ration instead	d of a		
r	natural person	or partnership if not so contained	in the name	e at present.)			-		
2	INDIAN	A		_ 3	35-1455938				
(5	State or countr	y under the law of which it is inco	orporated)		(FEI num	ber, if applic	able)		
4	2/26/79		5	PERPETUA	ΛL.		<u>=</u>		
	(Da	te of incorporation)	(Duration: Y	ear corp. will cea	ise to exist or	"perpetual"))	
_	N/A (T								
6		e not conducted busines			1501 607 1500 -				
_	(Date III	st transacted business in Florida.)	(SEE SEC.	TIONS 607.	1501, 607.1502 a	na 817.133, 1	E.S.)		
7							_		<u> </u>
.	6200 V (OGEL ROAD, EVANSVILLE,	IN 477	15–4006			_ 		
		(Current	mailing ad	ddress)					
8		ERING, SURVEYING, TRANS							=
	(Purpose	e(s) of corporation authorized in he	ome state o	r country to	be carried out in	state of Flori	da)	9	္ကိုက္က
^ *	NY 7			. (D.O. D		ת אוני	Ē.,	APR -	
9. ľ	Name and si	reet address of Florida regist	ered ager	it: (P.O. B	ox or Mail Dro	b Rox MOI	_acceptable)~	ूम इ.स
	Noma	CT CODDODATION CYCETA						G	₹ <u></u>
	Name:	CT CORPORATION SYSTEM					-		유민
Off	ice Address:	1200 S. PINE ISLAND R	OAD						တ္
OII.	ice Addiess.	THE TENTE IS A SECOND OF THE PERSON OF THE P	02110				_	ထ္ ယ	12
		PLANTATION		ĭ	Florida, 33324			ယ်	5m
				,,1	(Zip code				ഗ
					(Zip code	,			
10.	Registered	agent's acceptance:							
Hav	ing been nan	ed as registered agent and to acc	ept service	of process f	or the above state	ed corporation	on at the plac	e desi	gnated in
		hereby accept the appointment a							
		s of all statutes relative to the pro	oper and co	omplete perf	ormance of my d	uties, and I	am familiar	with a	nd accept
the c	obligations of	my position as registered agent.		2 0			_		
		Darlara	11.CC	Den Ro	;	BABARA A. BU	IRKE		
					SPECIA	L assistant	SECRETARY		
		(Regis	iereu agent	's signature)			_		
11.	Attached is a	certificate of existence duly authe	nticated, no	nt more than	90 days prior to d	lelivery of th	is application	to the	.
		ite, by the Secretary of State or oth							
	ch it is incorp				2 F		_	,	

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: Keith Lochmueller						
Address: 516 E. Adams						
Chandler, IN 47610						
Vice Chairman: Vincent L. Bernard						
Address: 7801 Briarwood Dri	ive			·		
Evansville, IN 47	71.5					
Director: David L. Isley, M.	пъ					
Address: 2030 W. Illinois			<u>-</u>			
Evansville, IN 47						
Director: Thomas G. Bernardi						
Address: 208 S. Ruston		One Oxford Lane	<u> </u>			
Evansville, IN 47		Tell City, IN 47	586			
B: OFFICERS (Street address only - P.0	O. Box NOT acceptabl	(e)				
President: <u>Keith Lochmueller</u>		<u> </u>		ე ა 99 ა.ა		
Address:as above			=-	SECOND 9 NPR		
			<u></u>	20		
Vice President: Vincent L. Bernard	in, A.I.C.P.			2 A CED		
Address:as above				1 8:		
				<u>သ</u> ္ကိုက် သို့		
Secretary: Thomas G. Bernardin	n. P.F. F S		<u> </u>			
	···					
Address: as above				· · ·		
Treasurer: Thomas G. Bernardin			=			
Address:			<u>=</u>			
			.			
NOTE: If necessary, you may attach an adden	dum to the application list	ing additional officers and/o	r directors.			
(Signature of Chairman, Vice	Chairman, or any officer I	isted in number 12 of the app	plication)			
I4 Keith Lochmueller,						
(Typed or printed name and capacity of person signing application)						

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

BERNARDIN, LOCHMUELLER AND ASSOCIATES, INC.

filed Articles of Incorporation on February 26, 1979, and is a Erporation uly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or Is not yet required to file such annual reports, and that Articles of missolution have not been filed.

99 APR -6 AM 8: 133



In Witness Whereof, I have hereunto bet my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-sixth day of March, 1999.

Sue anw Silvay
Sue Anne Gilroy, Secretary of State

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