## TXANSMITITALLETTER To: Qualification/Tax Lien Section Division of Corporations

SUBJECT: Chemco Equipmen	nt Company			
dobaber.	(Name of corpora	tion - must include suffix)	<del>,</del>	······································
Dear Sir or Madam:				
The enclosed "Application by For	eign Corporation f	or Authorization to Transac	et Business in Fl	orida",
"Certificate of Existence", and che	eck are submitted t	o register the above referen	ced foreign corp	poration
to transact business in Florida.				밀
Please return all correspondence of	oncerning this mat	ter to the following:		<b>99</b> / SEC \
		<b></b>		<b>看</b> 黑花
Bernice	H. Bollman	(D)	=	APR 23
	(Name	of Person)		
Chemco E	quipment Co.			
	(Firm/	Company)	<u> </u>	
105 Comm	erce Boulevard			<u> </u>
300 00111	<del> </del>	idress)		, <b></b>
	(==			
Torrespon				
Lawrence	PA 15055	(Fig. )		<del>.</del>
Lawrence		State/Zip)	erser L. S.	: .
	(City/		-04/23/99	49950 01094008
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Should you need to call someone  Bernice H. Bollman	(City/sconcerning this ma	itter, please call:  746-4410	-04/23/99 *****79.	901094008
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Should you need to call someone  Bernice H. Bollman (Name of Person)  STREET ADDRESS:	(City/sconcerning this ma	ntter, please call:  y 746-4410 ea Code & Daytime Teleph  MAILING ADDRES	-04/23/95 *****79. one Number)	901094008
Should you need to call someone  Bernice H. Bollman (Name of Person)  STREET ADDRESS:  Qualification/Tax Lien Section	(City/sconcerning this ma	tter, please call:  746-4410 ca Code & Daytime Teleph  MAILING ADDRES  Qualification/Tax Lie	-04/23/99 *****79. one Number) S:	)01094008 ,75 *****79.
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Should you need to call someone  Bernice H. Bollman (Name of Person)  STREET ADDRESS:  Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St.	(City/sconcerning this ma	ntter, please call:  9 746-4410  ea Code & Daytime Teleph  MAILING ADDRES  Qualification/Tax Lieu Division of Corporation P.O. Box 6327	-04/23/95 *****79.  one Number)  S:  Conservation  ons	)01094008 ,75 *****79.
Should you need to call someone  Bernice H. Bollman (Name of Person)  STREET ADDRESS:  Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  Enclosed is a check for the follow	(City/sconcerning this ma	ntter, please call:  9 746-4410  ea Code & Daytime Teleph  MAILING ADDRES  Qualification/Tax Lieu Division of Corporation P.O. Box 6327	-04/23/95 *****79.  one Number)  S:  Conservation  ons	901094008 75 *****79.

## 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.	words or abbrevi	Chemco Equipment Co ation; must include the word "INCORPORAT ations of like import in language as will clearl partnership if not so contained in the name at	y indicate that it is a c	"CORPORAT orporation ins	ION" or tead of a			रुष च हिन्दू है। जी
2.	Pennsylvan (State or country	ia under the law of which it is incorporated)	3. 25–138 (FEI	81647 number, if app	plicable)			ಕ್ಕ∵ <b>ಪ್</b> ಚಾರ
4.	June 1980 (Date	5. (Du	Perpetua ration: Year corp. wi	1 cease to exis	t or "perpetual"	)	<b>-</b>	, <del>180</del> 7
6.	(Date first	transacted business in Florida.) (SEE SECTIO	DNS 607.1501, 607.15	02 and 817.15	5, F.S.)			.**
7.	105 Commer Lawrence P			1.7		99 APR	SECRE	
	G-1	(Current mailing addr	ess)			23 A	FILED MRY OF	
8.	(Purpose(	ter and wastewater equipment s) of corporation authorized in home state or c				10: 2:	11V30 11V30 11V1S	/ t
9.	Name and str	eet address of Florida registered agent:  Moss-Kelley, Inc.	(P.O. Box or Mail	Drop Box N	OT acceptable	e) <b>O</b> .		د.
0	ffice Address:	2180 North State Route 43		का करर रचन <i>ह</i> ा ।				
		Longwood	, Florida, (Zip	32779 code)			·	ž ús
10	). Registered a	gent'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)

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

<sup>11.</sup> 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.

Chairman:	Bernice Bollman	
Address:	1583 Hastings Mill Road	
	Pittsburgh PA 15241	
ice Chairman:	Susan Duvall	
ddress:	249 Parkway Drive	
	Pittsburgh PA 15228	
irector:	Wendy Kennedy	_
ddress:	208 Hemstead Lane	
	Wallingford PA 19086	
irector:	James Bollman '	
ddress:	108 Autumn Way	
	Venetia PA 15367	
OFFICER	S (Street address only - P.O. Box NOT acceptable)	
esident:	Bernice Bollman	n S N
ddress:	1583 Hastings Mill Road	
	Pittsburgh PA 15241	
ice President:	Philip D. Bollman	<u> </u>
idress:	1583 Hastings Mill Road	
	Pittsburgh PA 15241	ani a
cretary:	Susan Duvall	•
ldress:	249 Parkway Drive	
	Pittsburgh PA 15228	
easurer:	Bernice Bollman	
ldress:	1583 Hastings Mill Road_	
	Pittsburgh PA 15241	
OTE: If nece	ssary, you may attach an addendum to the application listing additional officers and/or directors.	
(سنتهب	ermue F. Hollmon	
s	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	····



## COMMONWEALTH OF PENNSYLVANIA

## DEPARTMENT OF STATE

JANUARY 26, 1998

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CHEMCO EQUIPMENT CO.

is duly incorporated under the laws of the Commonwealth of Pennsylvania<sup>57</sup> and remains a subsisting corporation so far as the records of this office show, as of the date herein.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

the Commonwealth Secretary of

SSCH