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C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City State Zip Phone

CORPORATION(S) NAME

900002857169--4

-04/29/99--01105--011

*****70.00 *****70.00

Sick Optic - Electronic, Inc.

- ☒ Profit
☐ NonProfit
☐ Limited Liability Company
☒ Foreign
- ☐ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Fict. Filing
☐ Photo Copies
☐ Call if Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of R.A.
☐ UCC-1 UCC-3
☐ CUS
☐ After 4:30
☒ Pick Up
- ☐ Limited Partnership
☐ Reinstatement
☐ Limited Liability Partnership
☐ Certified Copy
☐ Call When Ready
☒ Walk In
☐ Mail Out

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4/29

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Verifier
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W.P. Verifier

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Thanks, Melanie ☺

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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SICK Optic-Electronic, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

Carol Haff

(Name of Person)

SICK Optic-Electronic, Inc.

(Firm/Company)

6900 W. 110th Street

(Address)

Bloomington, MN 55438

(City/State/Zip)

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

Carol Haff

(Name of Person)

at (612) 991-6780
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
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

**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. SICK Optic-Electronic, 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. Minnesota
(State or country under the law of which it is incorporated)
3. 41-0970193
(FEI number, if applicable)
4. 5/12/70
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 3/2/99
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 6900 W. 110th Street
Bloomington, MN 55438
(Current mailing address)
8. We have hired an employee in Florida
(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: CT 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.

Michele R. Justesen Asst. Secy.
(Registered agent's signature)
Michele R. Justesen, Asst. Secy.

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.

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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: Dieter Fischer

Address: Sebastian Kneipp Str 1

79183 Waldkirch, Germany

Directors:
~~Vice Chairman:~~ Volker Reiche

Address: Anna Kathrin Deutrich

} same address as Dieter Fischer above

Dr. Christoph Scholz

Director: Mark A. Penning

Address: 6900 W. 110th Street

Bloomington, MN 55438

Director: _____

Address: _____

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

President: Mark A. Penning

Address: 6900 W. 110th Street

Bloomington, MN 55438

Vice President: Gerald D. Theisen

Address: 6900 W. 110th St

Bloomington, MN 55438

Secretary: Gerald D. Theisen

Address: see above

Treasurer: Gerald D. Theisen

Address: See above

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. _____

Gerald D. Theisen V.P. Finance

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

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Sick Optic-Electronic, Inc.

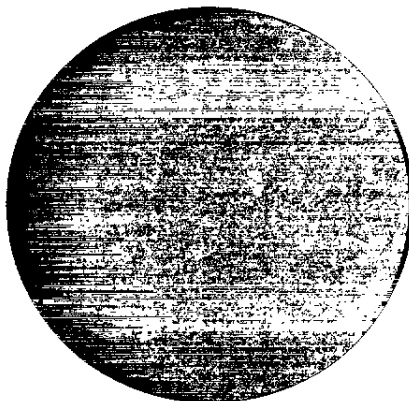
Date Formed: 05/12/1970

Chapter Governed By: 302A

This certificate has been issued on 04/20/99.

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MINN.



Mary Kiffmeyer
Secretary of State.