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Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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CORPORATION(S) NAM	ИE	*************************************
Tuscarora Incorporated		
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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.	TUSCARORA INCORPORATED	
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATIO words or abbreviations of like import in language as will clearly indicate that it is a corporation instenatural person or partnership if not so contained in the name at present.)	N" or ad of a
2.	Pennsylvania 3.	
	(State or country under the law of which it is incorporated) (FEI number, if applied)	able)
4.	August 6, 1962 5. Perpetual	-
••	August 6, 1962  (Date of Incorporation)  5. Perpetual  (Duration: Year corp. will cease to experpetual")	tist or
6.	Anticipated beginning date July 1, 1999	
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.	)
7.	800 Fifth Avenue, New Brighton, PA 15066	<u> </u>
	(Current mailing address)	
8.	Manufacture and sale of custom molded expandable polysty products.	rene
ο.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floric	da)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop-Box acceptable)	NOT
	Name: CT Corporation System	18 T
	Office Address: 1200 South Pine Island Road	PI
	Plantation , Florida , 33324 25 (Zip Code	2:49
10	Registered agent's acceptance:	· · · · · · · · · · · · · · · · · · ·
co re ali	aving been named as registered agent and to accept service of process for the a proporation at the place designated in this application, I hereby accept the application appears and agree to act in this capacity. I further agree to comply with the platter to the proper and complete performance of my duties, and I am for accept the obligations of my position as registered agent.	ointment _a rovisions o
	Lisa K. Pastor (Registered agent's signature)	_

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

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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)

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

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

SecreTary Harold F. Reed, Jr. (Typed or printed name and capacity of person signing application)

#### **EXHIBIT**

Thomas S. Blair 1209 Butler Avenue New Castle, PA 16101

David I. Cohen, Esquire Twentieth Floor Four Gateway Center Pittsburgh, PA 15222

Abe Farkas 118 Murray Drive Beaver, PA 15009

Harold F. Reed, Jr., Esquire 804 Turnpike Street Beaver, PA 15009

David C. O'Leary 360 River Road Beaver, PA 15009 Robert Kampmeinert 600 Grant Street, 40th Floor Pittsburgh, PA 15219

Karen Farkas 118 Sioux Road Sherwood Park Alberta, Canada T8A3X5

Jeffery L. Leininger One Mellon Bank Center Room 4700 Pittsburgh, PA 15258-0001

T. P. Woolaway 102 Sewickley Heights Drive Sewickley, PA 15143

John P. O'Leary, Jr. Nine Davidson Drive Beaver Falls, PA 15010

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MAY 13, 1999\_

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

99 MAY 18 PM 2: 49
SECRE LARY OF STATE
TALLAHASSEE, FLORIDA

I DO HEREBY CERTIFY THAT,

#### TUSCARORA INCORPORATED

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

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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.

Secretary of the Commonwealth

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