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	Hollar	id & Knight LLP	· ·			
	Res	juestor's Name	-			
	315 500	TH CALHOUN STREET	-			
,		Address				
	Tallaba	ssee, Florida 32301	·			
	City/State/	Zip Phone #				
	•	425–5686	Office Use Only			
	CORPORATION	NAME(S) & DOCUMENT NU	MBER(S), (if known):			
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•	I. H (Tathodic Protection (Inc.			
		oration Name; (
	2. (Cora	oration Name; (1	Document ⊋)			
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	4. <u>(Cor</u>	oration Name) (i	Document =)			
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	Limited Liability	Change of Registered Agent	SECRET 99 JUN			
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1	Annual Report					
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TRANSMITTAL LETTER

То:	_							
CTID II			-			_		
SUBJE	:C1:	HIC						·
			(2	o ox coxport		i mast morado barrizy		
Dear S	ir or Mac	lam:						
"Certif	icate of I	Existen	ice", and check are	orporation for submitted	for A	Authorization to Transa egister the above referen	ct Business in Fl aced foreign corp	orida", poration
Please	return al	corres	spondence concerr	ing this ma	tter	to the following:		
		Jil	ll C. Smith,	Busine	SS	Entity Assista	ant	
				(Name	of	Person)		
		Hol	lland & Knic	the TID	•			
			<u> </u>		Con	npany)	· ·	· -
		5 0	Nowth Tarms	Ctroot		Git- 2000		
		50	NOICH Laura					-
				c Protection Inc. (Name of corporation - must include suffix) eign Corporation for Authorization to Transact Business in Florida", eck are submitted to register the above referenced foreign corporation concerning this matter to the following: ith, Business Entity Assistant (Name of Person) Knight LLP (Firm/Company) aura Street, Suite 3900 (Address) le, FL 32202 (City/State/Zip) concerning this matter, please call: at (904) 798-7395 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Ing amount: S Filing Fee & S78.75 Filing Fee & \$87.50 Filing Fee,				
		_Jac	ation by Foreign Corporation for Authorization to Transact Business in Florida", ace", and check are submitted to register the above referenced foreign corporation Florida. spondence concerning this matter to the following: 11 C. Smith, Business Entity Assistant (Name of Person) 11 and & Knight ELP (Firm/Company) North Laura Street, Suite 3900 (Address) cksonville, FL 32202 (City/State/Zip) all someone concerning this matter, please call: th at (904) 798-7395 son) (Area Code & Daytime Telephone Number) Son) (Area Code & Daytime Telephone Number) HAILING ADDRESS: MAILING ADDRESS: PM 15 THE DOR OF T					
				(City),	Stat	e/Zip)		
Should	you need	i to cal	ll someone concer	ning this ma	itter	, please call:		
Ji	11 C.	Smit	:h	at (904) 798-7395		
	(Name						one Number)	99. NEW
STREI	ET ADD	RESS:	:			MAILING ADDRES	S:	JE SON
Divisio 409 E.	cation/Ta n of Cor Gaines S ssee, FL	poratio t.	ns		-	Division of Corporation P.O. Box 6327	ns	RATIONS 1: 24
Enclose	ed is a ch	eck for	r the following am	ount:				
□ \$70.	.00 Filing	g Fee		-		_	Certificate	of Status &

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. <u>HTC C</u>	athodic Protect	ion Inc.	-	-	
(Name of corpo	oration; must include the wo	ord "INCORPORATED"	, "COMPANY", "C	ORPORATION"	or
words or abbre	viations of like import in la	nguage as will clearly inc	licate that it is a con-	poration instead of	a
natural person	or partnership if not so cont	ained in the name at pres	sent.)		
2. <u>Dela</u>	ware y under the law of which it				
(State or country	y under the law of which it	is incorporated)	(FEI nu	mber, if applicable)
47/	31/97			-	
•	te of incorporation)	(Duratio	n: Year corp. will c	ease to exist or "pe	rpetual")
U	ne 1, 1999				
(Date firs	t transacted business in Flor	rida.) (SEE SECTIONS (507.1501, 607.1502	and 817.155, F.S.)	
	60 Phillips Indu				
Ja	cksonville, Fla.	32256			
	(C	urrent mailing address)			
		,			
8. Sal	le of Cathodic P	rotection Anod	des and Rela	ated Equipm	ent
(Purpose)	(s) of corporation authorized	I in home state or countr	v to be carried out in	state of Planida)	
` .	1	nome band or country	y to be carried out if	i state of Profita)	
9. Name and str	reet address of Florida 1	egistered agent: (P.0	D. Box or Mail Dro	on Box NOT acc	entable) —
	•			- F	SECRETARY SECRETARY SHOW OF CO
Name:	<u>CT Corporation</u>	System_			
					E E E E E E E E E E
Office Address:	1200 South Pin	<u>ie Island Road</u>			
	Plantation				ED STATE STATE STATE OR PH 1: 21
	FIGURALIUM	<u> </u>	_, Florida,333	324	→ 020 =
			(Zip code	e)	→ 23
10 Registered a	agent's acceptance:				24 24
10. Registered a	igent s'acceptance:				လ
Having heen name	ed as registered agent and i	o google amile	6 47 7	. •	
this application, I	ed as registered agent and the hereby accept the appointment of all states and the second sec	o accept service of proce tent as registered agent t	ess jor ine above sta and agree to get in t	tea corporation at	the place designated in
wan the provisions	i oj au statutes relative to ti	re proper and complete r	performance of my	nus capacuy. 1 jur duties and I am fe	mer agree to compty
the obligations of r	ny position as registered ag	gent,	renger manage of may	uanes, una z am jo	ынии <i>жин ини ассері</i>
	Mabus	TXAD / Ala.			
	<u>-vary</u>	Moranin	<u></u>		<u> </u>
		egictorestremt's signati	ire)		
11 Attached is a a		SSISTANT SECRETARY	00.1		
Deportment of Care	ertificate of existence duly a	unienticated, not more th	nan 90 days prior to	delivery of this app	olication 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

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

which it is incorporated.

A. DIREC	FORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	Warren R. Bailey	
Address:	2957 Old Highway 87	
_	Delco, NC 28436	· · · · · ·
Vice Chairm	an:	
		···
Director:	W Anderson Towas	
Address:	160 Elgin St., Suite 2600	
	Ottawa, Ontario, Canada KlP 1C3	
Director:	Michael M. Koerner	*
Address:	40 King Street W, Suite 5010	
	Toronto, Ontario, Canada M5H 3Y2	
B. OFFICE Chairm	ERS (Street address only - P.O. Box NOT acceptable)	
MANANA _		
Address:	6860 Phillips Industrial Blvd.	56 38 38
	Jacksonville, FL 32256	JUN
XXX Preside≀	ut: <u>Warren R. Bailey</u>	_ =====================================
Address:	2957 Old Highway 87	PH
	Delco, NC 28436	:21
Secretary:	W. Anderson Joyce	
Address:	160 Elgin Street, Suite 2600	
	Ottawa, Ontario, Canada KlP 1C3	
7.P. Fir Koessuoer: _	ance Allen R. Ecklof	
Address:	6860 Phillips Industrial Blvd.	
	Jacksonville, FL 32256	<u> </u>
NOTE: If n	ecessary, you may attach an addendum to the application listing additional officers and/or directors.	
דוב	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) en R. Ecklof, V.P. Finance	
4	(Typed or printed name and capacity of person signing application)	

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State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HTC CATHODIC PROTECTION 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 SEVENTH DAY OF JUNE,
A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE ON SECRETARY OF CHAPTONS



Edward J. Freel, Secretary of State

AUTHENTICATION:

9788893

991226978

2779834 8300

DATE:

06-07-99