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**F99000004974**

CT Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

**CORPORATION(S) NAME**

200002997392--0  
-09/27/99-01086--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

*TRUCK Equipment Leasing Corporation*

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Jeffrey Butterfield

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.

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1. Touax Equipment Leasing Corporation

(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. Delaware

(State or country under the law of which it is incorporated)

3. N/A

(FEI number, if applicable)

4. June 29, 1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. September 1999

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. Touax Equipment Leasing Corporation c/o Miroslav M. Fajt

237 Park Avenue, New York, New York 10017

(Current mailing address)

8. To engage in any lawful activity.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T 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.

KAREN L. GILBERTSON

(Registered agent's signature)

KAREN L. GILBERTSON, 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.

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)**

Director: Alexandre Walewski

Address: Touax, S.A., Tour Arago

5 Rue Bellini, 92806 Puteaux - La - Defense, France

Director: Fabrice Walewski

Address: Touax, S.A. Tour Arago

5 Bellini, 92806 Puteaux - La - Defense, France

Director: Raphael Walewski

Address: Touax, S.A., Tour Arago

5 Bellini, 92806 Puteaux - La - Defense, France

Director: Michael A. Imperiale

Address: Touax, S.A., Tour Arago

5 Bellini, 92806 Puteaux - La - Defense, France

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

President: Alexandre Walewski

Address: Touax, S.A., Tour Arago

5 Rue Bellini, 92806 Puteaux - La - Defense, France

Vice President: Fabrice Walewski

Address: Touax, S.A., Tour Arago

5 Rue Bellini, 92806 Puteaux - La - Defense

Secretary: Antonine Postel - Vinay

Address: Touax, S.A., Tour Arago

5 Bellini, 92806 Puteaux - La - Defense, France

Treasurer: Antonine Postel - Vinay

Address: Touax, S.A., Tour Arago

5 Bellini, 92806 Puteaux - La - Defense

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

13. *Walewski*  
(Signature of Chairman, Vice-Chairman, or any officer listed in number 12 of the application)

14. Fabrice Walewski, Vice President  
(Typed or printed name and capacity of person signing application)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Director: Miroslav M. Fajt  
Address: Haythe & Curley  
237 Park Avenue, New York, New York 10017

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Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. N/A

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

14. N/A

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

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOUAX EQUIPMENT LEASING CORPORATION" 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 1999.

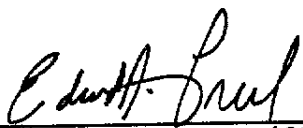
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Edward J. Freel, Secretary of State

9990541

AUTHENTICATION:

DATE:

09-24-99