F9960000505815

To: Qualification/Tax Lien Section
Division of Corporations
SUBJECT: Motive Power USA, INC (Name of corporation - must include suffix)
Dear Sir or Madam: -11/09/9901021006 *****87.50 *****87.50
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:
BOB HURKA
(Name of Person)
Motive Power USA, INC (Firm/Company)
Two GATEWAY CENTER, 14th Sloop (Address)
P: Hsburgh, PA 15222 PER ST.
(City/state/Zip) ARRY SEE O
Should you need to call someone concerning this matter, please call:
Bob Hurka at (412) 201-2820 Fri 9 (Name of Person) (Area Code & Daytime Telephone Number)
4 rum
STREET ADDRESS: MAILING ADDRESS:
Qualification/Tax Lien Section Qualification/Tax Lien Section
Division of Corporations Division of Corporations
409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

				N THE STATE				
	Motive Poo	()	KI AZ	C	-			
words or abbro	oration; must include the word eviations of like import in languor partnership if not so contain	"INCORPORA age as will cle	ATED", "COMF arly indicate that	'ANY", "CORPO			:	 ,
	e Laware	- compounted	3	35-1 (FEI number,	8228	33		<u></u>
(State or count	y under the law of which it is i	ncorporated)		_		oie)	-	
	1te of incorporation)	5	Ouration: Year o	Perpetu corp. will cease t		perpetua	ıl")	
(Date fir	NONC. st transacted business in Florida			, 607.1502 and 8	317.155, F.S	S.)- ₁		
	TWO GATO	way	Center,	14+1 81	P00	SECHE	99 ×	
	Pi Hsburch (Curr	τη PA ent mailing ad	15222 dress)			TARY O	-9 VC	
	Sales	1 4				S	2	
Purnose			country to be co	rried out in state	of Florida	- <u>8</u> -	<u> </u>	-
	reet address of Florida reg	home state or	country to be ca			ح د	<u> </u>	 .
	e(s) of corporation authorized in	home state or	country to be ca			ح د		 -
Name and st	e(s) of corporation authorized in reet address of Florida reg	home state or	country to be ca			ح د		-
Name and st	reet address of Florida reg	home state or	t: (P.O. Box o	r Mail Drop Bo		ح د		
Name and st	c(s) of corporation authorized in reet address of Florida reg	home state or	t: (P.O. Box o			ح د		
Name and st Name: fice Address:	c(s) of corporation authorized in reet address of Florida reg	home state or	t: (P.O. Box o	r Mail Drop Bo		ح د		-
Name and st Name: fice Address: Registered wing been names application, 1 is the provision	c(s) of corporation authorized in reet address of Florida reg C T Corporation Syst 1200 South Pine Isla Plantation	istered agen em and Road accept service at as registered	t: (P.O. Box of process for the lagent and agree	ta, 33324 (Zip code) e above stated ce to act in this c	ox <u>NOT</u> a orporation apacity. I	at the p	lace dagree	to compi
Name and st Name: fice Address: Registered wing been names application, 18th the provision	reet address of Florida reg C T Corporation Syst 1200 South Pine Isla Plantation agent's acceptance: de as registered agent and to the hereby accept the appointments of all statutes relative to the	istered agen em and Road accept service at as registered proper and cont.	t: (P.O. Box of process for the lagent and agreemplete performance)	ta, 33324 (Zip code) e above stated ce to act in this cance of my dutie	orporation apacity. I j	at the p	lace dagree in	to compl and ac

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019-9/2/99 CT System Online

which it is incorporated.

A. DIRECTOR	S (Street address only - P.O. Box NOT acceptable)	
Chairman:	Michael A Wolf	
Address:	Two- GATEWAY Center, 14th FLOOR	
· -	Pittsburch PA 15222	
Vice Chairman:		<u></u>
Address:		
Director:	David L Bonvenuto	
Address:	Two GAteway Center, 14th SLOOR	
	Pittsburgh, PA 15222	
Director:	Thomas P Lyons	
Address:	TWO GATEMAN CONTER 14th FLOOPED	<u> </u>
	Pittsburgh, PA 15002	
	S (Street address only - P.O. Box NOT acceptable)	 -
President:	William F FAbrizio	
Address:	Two Gateway Center, 14th Stoop Bill 0	
<u></u>	Pitlsburgh, PA 15222	
Vice President: _	DAVID L BONVENUTO	<u> </u>
Address:	Two Gateway Center, 14th Floor	
,	Pithsburch, PA 15222	
Secretary:	BOB. HURKA	
Address:	Two GATEWAY CENTER, 14th Floor	
	Pittsburch PA 15222	:
Treasurer:	Thomas P Lyons	
Address:	Two GATEWAY CONTER 14th SLOOR	
	Pittsburch, PA 1522	
NOTE: If neces	ssary, you may attach an addendum to the application listing additional officers and/or directors.	:=
13	Bob Henka	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14	(Typed or printed name and capacity of person signing application)	

Asst.

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOTIVEPOWER USA, 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 EIGHTEENTH DAY OF OCTOBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

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

Edward J. Freel, Secretary of State

0030383

AUTHENTICATION:

10-18-99

2957730 8300

991438886