P95000001999

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January 6, 1995

VIA: COURIER

Division of Corporations
Department of State
409 East Gaines Street
Post Office Box 6327
Tallahassee, Florida 32314

Re: Hydraulic Control Technology, Inc.

Gentlemen:

Enclosed please find the following in connection with the incorporation of Hydraulic Control Technology, Inc.:

1. Articles of Incorporation and copy for certification; and

2. A check in the amount of $122.50 to cover the following items: (a) $35.00 for filing fee; (b) $35.00 for designation of Registered Agent; and (c) $52.50 for one certified copy.

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-01/09/95--01080--018
****122.50 ****122.50

Your assistance in this matter is appreciated. Should you have any questions or comments regarding the above, please do not hesitate to contact me.

Very truly yours,

Marlis J. Spear

Mrs. Marlis J. Spear
Legal Assistant

AB 1/9/95

/mjs
Enclosures
cc: Joseph B. Stanton, Esq.

ARTICLES OF INCORPORATION

OF

HYDRAULIC CONTROL TECHNOLOGY, INC.

The undersigned incorporator delivers these Articles of Incorporation in order to form a corporation under the Florida Business Corporation Act.

ARTICLE I

Name

The name of the Corporation shall be Hydraulic Control Technology, Inc.

ARTICLE II

Principal Office

The principal office of the Corporation is located at 1588 Warrington Street, Winter Springs, Florida 32708 and its mailing address is the same.

ARTICLE III

Corporate Purposes, Power and Rights

The purpose of the Corporation is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV

Duration of the Corporation

Existence of the Corporation shall commence on the date all fees are paid and these Articles of Incorporation are filed by the Secretary of State and the Corporation shall exist perpetually unless dissolved according to law.

ARTICLE V

Authorized Stock

The total number of shares of capital stock which the Corporation has the authority to issue is 10,000 shares of Class A Voting Common Stock and 10,000 shares of Class B Non Voting Common Stock, each with a $1.00 par value per share.

ARTICLE VI

Registered Office and Registered Agent

The street address of the initial registered office of the Corporation in the State of Florida shall be 1588 Warrington Street, Winter Springs, Florida 32708. The name of the initial registered agent of the Corporation at the registered office shall be Michael E. Lee.

ARTICLE VII

Initial Board of Directors

The initial Board of Directors shall consist of two (2) directors. The names and addresses of the persons who shall serve as directors of the Corporation until the first meeting of shareholders are:

Name	Address
Jean Paul Desjardin	1645 Adolphe Pinard Vimont, Laval, Quebec Canada H7M4A5
Yvon Desjardin	1469 Rue Bois De Boulogne Chicoutimi, Quebec Canada G7J4J4

ARTICLE VIII

Incorporator

The name and address of the incorporator of the Corporation is:

Name	Address
Michael E. Lee	1588 Warrington Street Winter Springs, Florida 32708

Executed this 6 day of January, 1995.

Michael E. Lee, Incorporator

ACCEPTANCE OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Michael E. Lee,
Registered Agent

Date: 1/6/95

P:\Fax\F11\C-Pkg\Hydraulic

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 31 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000001999

1. Corporation Name
HYDRAULIC CONTROL TECHNOLOGY, INC.

Principal Place of Business
1588 WARRINGTON STREET
WINTER SPRINGS FL 32708

Mailing Address
1588 WARRINGTON STREET
WINTER SPRINGS FL 32708

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc
City & State
Zip
Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/09/1995

5. FEI Number: 59-3292224
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]
$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DESJARDIN, JEAN PAUL	1645 ADOLPHE PINARD	QUEBEC CANADA
D.	DESJARDIN, YVON	1469 RUE BOIS DE BOULOGNE	CHICOUTIMI QUEBEC CANADA
P	LEE, MICHAEL	1588 WARRINGTON ST	WINTERSPRINGS, FL, 32708
			900002051599--6 -01/08/97--01131--002 ****375.00 ****375.00
			JB 1-2-97

8. Name and Address of Current Registered Agent
LEE, MICHAEL E
1588 WARRINGTON STREET
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
900002051599--6
-01/08/97--01131--003
******8.75 ******8.75
Suite, Apt. #, Etc.
City
State FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN
Date 12-23-96

(See other side for information on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-96
Date

407 359 8719
Daytime Phone #

CR2E040 (7/96)

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