

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 19 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # F 00000006440

1. Corporation Name
OHIO WELDED COMPANY

2. Principal Office Address C/O TAX DEPT. 50 BEALE ST. Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State SAN FRANCISCO, CA		City & State	
Zip 94105	Country U S A	Zip	Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida NOV. 17 2000

5. FEI Number 38-1810693

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name C T CORPORATION		200035825562	
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		05/10/04 01091 014 **750.00	
Suite, Apt. #, Etc.		200035825562	
City PLANTATION		State FL	Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *Naseem A. Corde*
 REGISTERED AGENT MUST SIGN **NASEEM A. CORDE** 4.16.04
SPECIAL ASST SECRETARY

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	M. L. THIELE	50 BEALE STREET	SAN FRANCISCO, CA 94105
SVP,S,	R. M. BURT	50 BEALE STREET	SAN FRANCISCO, CA 94105
VP,AT	D. R. GIRKINS	50 BEALE STREET	SAN FRANCISCO, CA 94105
PVP,T	M. S. KNOX	50 BEALE STREET	SAN FRANCISCO, CA 94105
CD	ADRIAN ZACCARIA	50 BEALE STREET	SAN FRANCISCO, CA 94105
AC	TED A. CARLSON	50 BEALE STREET	SAN FRANCISCO, CA 94105

10. 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: *T.A. Carlson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **T.A. CARLSON**
 Assistant Controller (Authorized Officer) 4/12/04 (415) 768-3370
 Date Daytime Phone #

CR2E061 (07/04)