

# F02000003390

## TRANSMITTAL LETTER

2002 JUL - 1 PM 1:00  
FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SLP PERFORMANCE PARTS, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

MR. SLADE A. HARMON 400006126694--2  
(Name of Person) -07/01/02--01073--001  
SLP PERFORMANCE PARTS, INC. \*\*\*\*\*78.75 \*\*\*\*\*78.75  
(Firm/Company)  
1501 INDUSTRIAL WAY NORTH  
(Address)  
TOMS RIVER, NJ 08755  
(City/State and Zip code)

For further information concerning this matter, please call:

MR. SLADE A. HARMON at (732) 240-3696  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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TALLAHASSEE, FLORIDA

1. SLP PERFORMANCE PARTS INC.  
(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. NEW JERSEY 3. 22-3574215  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/15/98 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1501 INDUSTRIAL WAY NORTH, TOMS RIVER, NJ 08755  
(Principal office address)

1501 INDUSTRIAL WAY NORTH, TOMS RIVER, NJ 08755  
(Current mailing address)

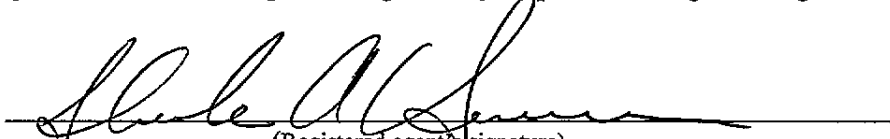
8. MANUFACTURING  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: MR. SLADE A. HARMON

Office Address: 15355 FLIGHT PATH DR. UNIT 1  
BROOKSVILLE, Florida 39613  
(City) (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.*

  
(Registered agent's signature)

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
N/A  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

President: MR. EDWARD HAMBURGER  
Address: 1501 INDUSTRIAL WAY NORTH  
TOMS RIVER, NJ 08755  
Vice President: MS. COLLEEN MEYER  
Address: 1501 INDUSTRIAL WAY NORTH  
TOMS RIVER, NJ 08755  
Secretary: MS. COLLEEN MEYER  
Address: - SAME -  
Treasurer: MR. EDWARD HAMBURGER  
Address: - SAME -

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

13. Colleen A. Meyer  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. COLLEEN A. MEYER VP/SM  
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

SLP PERFORMANCE PARTS, INC.

*I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on February 19, 1998.*

*As of the date of this certificate, said business  
continues as an active business in good standing  
in the State of New Jersey, and its Annual Reports  
are current.*

*I further certify that the registered agent and  
registered office are:*

*Lawrence M Fuchs Esq  
268 Broad Street  
P O Box 489  
Red Bank, NJ 07701*

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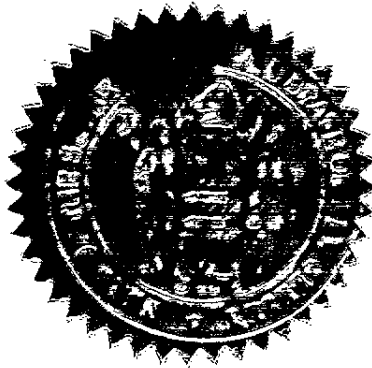
2002 JUL 10 10:00  
DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FL

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

SLP PERFORMANCE PARTS, INC.

2002 JUL - 1  
DIVISION OF CORPORATE  
AFFAIRS, FLORIDA

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
26th day of June, 2002



A handwritten signature in cursive script, reading "John E. McCormac".

John E McCormac, CPA  
State Treasurer