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# Florida Department of State

Division of Corporations
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Division of Corporations

Fax Number : (650)205-0383

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640

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# FOREIGN PROFIT QUALIFICATION

## ROCKWOOD PROGRAMS, INC.

Certificate of Status
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#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. Rockwood Programs, Inc. (Enter name of corporation; must include "INCORPORATE | יי שרתגנונע יי יוליתסקרים גדורים יי  |                  |
|--|--|------------------|
| "lnc.," "Co.," "Corp." "lnc." "Co," or "Corp.")                                  | ED, COMPANY, COMPORATION,  |                  |
|  |  |                  |
|  | <u> </u>   |                  |
| (If name unavailable in Florida, enter alternate corporate na                    | me adopted for the purpose of transacting business in Piorida)   |                  |
| 2. Dolawars  | 3. 74-2760840  |                  |
| (State or country under the law of which it is incorporated)                     | (FEI number, if applicable)  |                  |
| 4. 10/12/1995  | 5. Perpetual   |                  |
| (Date of incorporation)  | (Duration: Year corp. will coase to exist or "perpetual")  |                  |
| 6. Upon Qualification  |  | tan dan a to the |
|  | not transacted business in Florida, insert "upon qualification.")<br>501, 607.1502 and 817.155, F.S.)  | 3 •              |
| 7, 4001 Miller Road, Wilmington, DE 19802-199                                    | 9  |                  |
| (Principal office  | address)   | * , ,            |
| 4001 Miller Road, Wilmington, DE 19802-1998                                      | 9  | 5 12 12 Xu       |
| (Current mailing   | address)   |                  |
| g Inausance Services   | <b>→</b>   |                  |
| (Purpose(s) of corporation authorized in home state of                           | re country to be carried out in state of Florida)  | 营"。              |
| •  | in the second se | - 1. miles       |
| 9. Name and atreet address of Florida registored ages                            | nt: (P.O. Box or Mail Drop Box NOT acceptable)   | 2 5              |
| Name: NRAI Sorvices, Inc.  | Committee of the commit | 1                |
| Office Address: 526 E. Park Avenue   | الرساء المراداة  | į į              |
| Office Widter: San B. Fata Assault   |  | <b>D</b>         |
| Tallahassoo  | , Florida <u>82801</u>   | ়ে               |
| (City)   | (Zip code)   | 5                |
| 10. Registered agent's acceptance:   |  |                  |
| Having been named as registered agent and to accept a                            | ervice of process for the above stated corporation at the p  | lace_            |
| aesignated in this application, I hereby accept the appointment of all statute.  | iniment as registered agent and agree to act in this capac<br>ies relative to the proper and complete performance of my  | il)L [<br>dutles |
| and I am familiar with and accept the obligations of my                          | p position as registered agent.  | 4457443          |
| MOAL Condens for   |  |                  |

Michael Minione, Asst. Secretary

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 business addresses of officers and/or directors:

(Registered agent's signature)

By:

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| A. DIRECTORS   |                                       |                       |
|--|---------------------------------------|-----------------------|
| Chairman: See Attached List  |                                       |                       |
| Address:   |                                       |                       |
|  |                                       |                       |
| Vice Chairmen:   |                                       |                       |
| Address:   |                                       |                       |
|  |                                       |                       |
| Director:  |                                       |                       |
| Address:   | · · · · · · · · · · · · · · · · · · · |                       |
|  |                                       |                       |
| Director:  |                                       |                       |
| Address:   |                                       |                       |
|  |                                       |                       |
| B. OFFICERS  |                                       |                       |
| President: See Attached List   |                                       |                       |
| Address:   |                                       |                       |
|  | TAS ES                                | •                     |
| Vice President:  | F 0 3 = 1                             | <u> </u>              |
| Address  |                                       | gaineana,<br>gaineana |
|  | Fi-4 0                                | -                     |
| Secretary:   | 211                                   |                       |
| Address:   | 0                                     |                       |
| Treasurer:   | 0                                     |                       |
| Address:   |                                       |                       |
|  |                                       |                       |
| NOTE: If necessary, you may anach an addendum to the application listing additional office   | ers and/or directors.                 |                       |
| (Signature of Director or Officer listed in number 12 of the application)                    |                                       |                       |
| (dignature of Director of Officer fixed in number 12 of the application)  14. GLENN W. CLARK |                                       |                       |
| Tuned or printed name and councils of warman whether and fractions                           |                                       |                       |

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Rockwood Programs, Inc. Officer & Director List

Officers - Glenn W. Clark - President 980 West Miner St. West Chester, PA 19382

> Dawne Clark - Secretary 880 West Miner St. West Chester, PA 19382

Directors - Glenn W. Clark 880 West Miner St. West Chester, PA 19382

> Francis J. Huver 4863 Malden Drive Wilmington, DE 18803

Darryl A. McCallin 16 Farmington Circle West Grove, PA 19390

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# Delaware

# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROCKWOOD PROGRAMS, 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 FOURTH DAY OF NOVEMBER, A.D. 2004.

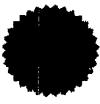
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROCKWOOD PROGRAMS, INC." WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 1995.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SECRETARY OF SOIL

2551487 8300 040798132



Warnet Smith Hindson
Harry Smith Mindson

DATE: 11-04-04