

6/9/22, 4:29 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (954)208-0845  
 Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
 ISOTEK CORPORATION**

Certificate of Status	0
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S. FRANKLIN

JUN 13 2022

Electronic Filing Menu

Corporate Filing Menu

Help

## 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.*

1. Isotek Corporation  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
  
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Massachusetts 3. 50-443208  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/17/2010 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1199 G.A.R. Highway, Swansea, MA 02777  
(Principal office street address)  
\_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation FL 33324  
(City) (Zip code)

### 9. 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.*

C T Corporation System   
By: \_\_\_\_\_ Christine Kelm, Assistant Secretary  
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

## A. DIRECTORS

☐ Chairman Name: Felix Heusler  
☐ Vice Chairman Address: Eibacher Weg 3-5  
☒ Director Dillenburg  
☒ President NA 35683  
☐ Vice President Germany  
☐ Secretary ☐ Treasurer  
☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: Frank Nagel  
☐ Vice Chairman Address: Eibacher Weg 3-5  
☒ Director Dillenburg  
☐ President NA 35683  
☐ Vice President Germany  
☐ Secretary ☒ Treasurer  
☒ Other CFO ☐ Other \_\_\_\_\_

☐ Chairman Name: Ingo Regier  
☐ Vice Chairman Address: 1199 G.A.R. HIGHWAY  
☒ Director SWANSEA  
☐ President MA 02777  
☐ Vice President USA  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Uwe Keller  
☐ Vice Chairman Address: 1199 G.A.R. HIGHWAY  
☒ Director SWANSEA  
☐ President MA 02777  
☐ Vice President USA  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Holger Spiegel  
☐ Vice Chairman Address: Eibacher Weg 3-5  
☒ Director Dillenburg  
☐ President NA 35683  
☐ Vice President Germany  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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12. [Signature]  
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Uwe Keller, Executive VP, General Manager & Director  
 (Typed or printed name and capacity of person signing application)



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: June 07, 2022

To Whom It May Concern :

I hereby certify that according to the records of this office,

**ISOTEK CORPORATION**

is a domestic corporation organized on **May 17, 2010** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 22060155980

Verify this Certificate at <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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