Filing Fee: \$75.00

ID Number: <u>522021</u>



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

SECRETARY OF STATE CORPORATIONS DIV

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is Franke Foodservice Systems, Inc.					
2.	It is incorporated under the laws of $\underline{\mathcal{DE}}$					
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on, authorizing it to transact business in Rhode Island under the name of:					
4.	Coope Condensino Solutions					
	(If no change, so indicate.)					
5.	The name, if different, which it elects to use in Rhode Island is:					
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "compa "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of above corporate endings for use in Rhode Island:						
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:					
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:					
	(If no other or additional purposes are proposed, insert "No Change.")					
	No Change 12:19 pm					
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	By 276034					
	VIII					

Form No. 151 Revised: 12/05

7.	7. If there has been an increase in the authorized shares of the corporation, list the total number of authorized including the increase (If there has been no increase in shares, insert "no change"):					
		Total Number of Authorized Shares Class 110 Change	<u>Series</u>	Par Value or Statement that Shares are without Par Value		
	_	110 Change				
8.	(a)	An estimate of the value of all property to be of is \$	owned by the corporation for	r the following year, wherever located,		
	(b)	An estimate of the value of the corporation's p is \$	property to be located within	Rhode Island during the following year		
(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the processor corporation to be located within this state during the following year bears to the value of all property corporation to be owned during the following year, wherever located, is%. [divide (b) by (a multiply by 100 to obtain the percentage]						
 9. (a) An estimate of the gross amount of business to be transacted by the corporal \$\(\frac{169,195,000}{\end{array}}\). (b) An estimate of the gross amount of business to be transacted by the corporal Rhode Island during the following year is \$\(\frac{1}{2} \). 				pration during the following year is		
				pration at or from places of business in		
	(c)	An estimate, expressed as a percentage, of the the corporation at or from places of business in thereof which will be transacted by the corpora and multiply by 100 to obtain the percentage]	n this state during the follow	ing year bears to the gross amount		
10.	Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.					
11.	iling unless a specified date is provided					
Dat	e: _	37May16	examined this Application including any accomp statements contained here. Signature of Authority Colors Eskinder	norized Officer of the Corporation		

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