Filing Fee: \$150.00

License Fee: \$15.00 minimum (§7-1.1-124)

1D Number: 1/40/3



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY (To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the state of Rhode Island, and for that purpose submits the following statement:

١.	Their	name of the corp	oration is	WICK	<u>ਘ_</u>	INC."	e			
)	It is i	ncorporated unde	r the laws of	DEL	AWAR	£	·-			
}	The r	name, if different,	which it elects to us	se in Rhode Island	is:					
	(a)	"incorporated," o	the corporation in ir "limited," or an ab endings for use in f	pbreviation thereof,	incorporat then list (ion does not co he name of the	ntain the corporation	word "corporation with the addition	on," "company," on of one of the	
	(b)	If the corporate in qualify and transapplication:	name is not available sact business in Rh	e in Rhode Island, t node Island as stat	hen set fo ted in the	rth below the ficti *Fictitious Busine	ious name ess Name	under which the Statement" to b	e corporation will be filed with this	
٠.	The c	late of its incorpo	ration is	2/10/87	and	the period of its	duration is,	perpet	usl	
			cipal office in the st							
			CENTER 1							
i.	The a	~	oosed registered offi ovidence				(Street Addre	ess. not P.O. Box)		
	that a		THE PRE	• •	•					
	The s	pecific purpose o	r purposes which it					de Island are:		
			DELIVERY	y OF E	Buildr.	g maken	ial			
	The n	ames and respec	ctive addresses of th	ne directors and off	icers are:	····	· · · · · · · · · · · · · · · · · · ·			
				Name Address						
	Die	rector	SEE A	ATTACHED L						
	Dia	rector _		11 000		. II. IZ 7 (i onn	FILE	D	
	Pr	esident _	United to	-		 		AUC 1 in	2000	
	Vid	e President		2017 H 12		Ald sho was		P.1 41 4	2000	
	Tre	easurer _	317:33	11134013	J.	FLYBU DE SLYT		Ву	1496	
	Se	cretary	GEAL	<u> </u>		- 03MB03	(t)			

	Alumbas of Channe			Par Value or Statement that
	Number of Shares	Class	<u>Series</u>	Shares are without Par Value
	20 000 000	[OMMON] PREFERRED		, 01
	3,000,000			.0/
0. Tri wit	e aggregate number of its issued thin a class, is:	f shares, itemized by class -	es, par value of shares, s	hares without par value, and series, if any,
				Par Value or Statement that
	Number of Shares N W E	<u>Class</u>	<u>Series</u>	Shares are without Par Value
	•			
1. (a)	An estimate of the value of \$ 350,000,000	all property to be owne	d by the corporation fo	r the following year, wherever located, is
(b)	An estimate of the value of \$ O	the corporation's propert	y to be located within f	Rhode Island during the following year is
(c)	located within this state during	the following year bears it	to the value of all property	ue of the property of the corporation to be of the corporation to be owned during the attribute by 100 to obtain the percentage.
2. (a)	An estimate of the gross an \$	nount of business to be	transacted by the cor	poration during the following year is
(b)	An estimate of the gross an Island during the following yea	r is \$		ion at or from places of business in Rhode
(c)	corporation at or from places of	of business in this state di-	iring the following year be	bunt of business to be transacted by the ears to the gross amount thereof which will de (b) by (a) and multiply by 100 to obtain
3. Th	is application is accompanied by the secretary of state or other as	r certified copies of its articularity of its articularity of the juris	eles of incorporation and a diction of its incorporation	all amendments thereto, duly authenticated n.
ate:	8/10/00		, WICK	LET INC.
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Print Exact Name o	Grooration Making Application On a guid
		Ву	President or, 7	
		Ву	()	AND
		-,	Secretary or	Assistant Secretary (check one)
	EOF ILLINO.	<u>.</u>		•
			day of August	, 2000 , personally appeared
efore	mannewith Bers	En Di	who, being by n	ne first duly swom, declared that he/she
the uch o	ORFICEAU SEAD	of the		e/she signed the foregoing document as
•	NOTARY PUBLIC, STATE OF ILLI	IIV)	March Ru	a Norn
	MY COMMISSION EXPINES: 01/0	ama.≯ No	otary Public	
	······································	M)	Commission Expires:	01-09-04

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