



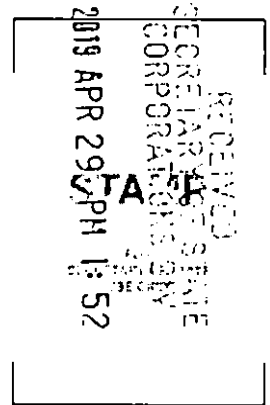
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

## Application for Certificate of Authority

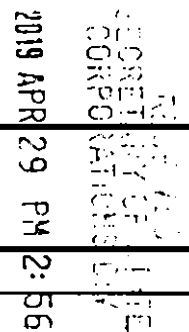
### FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:



1. The name of the corporation is: <b>Anton Paar USA, Inc.</b>		
2. It is incorporated under the laws of: <b>Virginia</b>		
3. 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", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the 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:		
4. The date of its incorporation is: <b>06/08/2005</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <b>10215 Timber Ridge Drive, Ashland, VA 23005</b>		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name <b>Corporation Service Company</b> Street Address (NOT a P.O. Box) <b>222 Jefferson Boulevard, Suite 200</b> City/Town <b>Warwick</b> State <b>RHODE ISLAND</b> Zip Code <b>02888</b>		



#### MAIL TO:

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED  
 STAMP**

APR 29 2019

BY *D. A. A.*  
*A. A. 2:56 PM*

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

**Sales and Service of Analytical Instrumentation**

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Dr. Friedrich Santner	Anton Paar Strasse 20, 8054 Graz, AUSTRIA
Reinhard Eberl	10215 Timber Ridge Drive, Ashland, VA 23005
Georg Cortolezis-Supp	1900 Corporate Drive, Boynton Beach, FL 33426

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Reinhard Eberl	10215 Timber Ridge Drive, Ashland, VA 23005
VICE PRESIDENT	Joseph Harris	10215 Timber Ridge Drive, Ashland, VA 23005
TREASURER		
SECRETARY	Renate Eberl	10215 Timber Ridge Drive, Ashland, VA 23005

Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
5000	Common		1.00

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 \_\_\_\_\_ %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0.25 \_\_\_\_\_ %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

**Renate Eberl**

Date

**04/24/2019**

Signature of Authorized Officer of the Corporation

 SIGN DOCUMENT HERE

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

*I Certify the Following from the Records of the Commission:*

That Anton Paar USA, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is June 8, 2005;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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*Signed and Sealed at Richmond on this Date:  
April 24, 2019*

*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

April 29, 2019 02:56 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

