Filing Fee: \$150.00

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

ID Number: 1005



## 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**

SECRETARY OF STATE CORPORATIONS OF A STATE O

## APPLICATION FOR CERTIFICATE OF AUTHORITY

	suant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned corporation hereby applies 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 ST Laboratories, Inc.						
2. It is incorporated under the laws of							
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 isJanuary 29, 1999 and the period of its duration isperpetual							
5.							
6.	The address of its proposed registered office in Rhode Island is 1500 Fleet Center (Street)						
	(Street)  Providence RI 02903 and the name of its proposed registered agent in Rhode Island at						
	Providence RI 02903 and the name of its proposed registered agent in Rhode Island at (City/Town) (Zip Code)						
	that address is HASLAW, LLC, Attention Secretary, Sandra Matrone Mack						
7.	The specific purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  To manufacture and distribution of chemical and chemical related products.						
8.	The names and respective addresses of the directors and officers are:						
	Name Address						
	Director Peter Y. Hess 400 Station Street, P.O. Box 3615, Cranston, RI 029						
	Director						
	President Thomas A. Thompson 400 Station Street, P.O. Box 3615, Cranston, RI 029						
	Vice President Kyle F. Hess 400 Station Street, P.O. Box 3615, Cranston, RI 029						
	Secretary Peter Y. Hess 400 Station Street, P.O. Box 3615, Cranston, RI 029						
	Treasurer Peter Y. Hess 400 Station Street, P.O. Box 3615, Granston, RI 029						

•	Nui	nber of Shares	<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value		
	1,000		common		\$1.00		
10.	The aggregate number of its Issued shares, itemized by classes, par value of shares, shares without par value, and series, if any						
	within a class, is:  Number of Shares		Class	<u>Series</u>	Par Value or Statement that Shares are without Par Value		
	1401	100	common	<u>001100</u>	\$1.00		
11.		\$ 40,000.00	<del></del> •		pration for the following year, wherever located,		
	(D)	(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$\frac{40,000.00}{}.					
	(c)	located within this sta	te during the following ye	ar bears to the value of	imated value of the property of the corporation to all property of the corporation to be owned during the cultiply by 100 to obtain the percentage.		
12.	(a)	An estimate of the \$100,000.00	<del>-</del>	ness to be transacted	by the corporation during the following year	is	
	(b) An estimate 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 is \$ 60,000.00						
	(c)	corporation at or from	places of business in thi	s state during the follow	gross amount of business to be transacted by ting year bears to the gross amount thereof which v. % [divide (b) by (a) and multiply by 100 to obtain to	vill	
13.			panied by certified copies r other authorized officer (		ation and all amendments thereto, duly authenticat acorporation.	ed	
_		4/12/96	, 19 <u>.9</u> 9	a.m.	T. 1		
uai	.ea _	110/17	, 19_7_/		Laboratories, Inc. rate Name of Corporation Making Application)		
					hand Theres -		
				By	dent or \(\sigma\)/ice President (check one)	_	
			,	[N 1 1631	A L CAND		
		:		Ву	tely Ou	_	
		•		☑ Secre	tary or Assistant Secretary (check one)		
	ATE	OF Y OF					
_	ln <u>u</u>	Cienton	on this 12th	day of april	19 <u>99</u> personally appeared before m	10	
	lo	nas a. Thompso	w	1	f the corporation, who, under oath, verified that ${f t}$		
info	rma	tion contained in this A	pplication is true and acc	urate.	2 1 1)		
				Yarry K.	DUTICHAND	_	
				Notary Public My Commission F	Expires: Hane 26, 2001		

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## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF INCORPORATION OF "ST LABORATORIES,

INC.", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF JANUARY,

A.D. 1999, AT 3 O'CLOCK P.M.

2999046 8100

991117993

AUTHENTICATION:

9651349

DATE:

Edward J. Freel, Secretary of State

03-25-99