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File Number

5732-303-5

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Filed for Record in Recorder's Office of Waukegan County, Illinois

May 21, 1993 3:45 PM

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**Whereas,**

ARTICLES OF INCORPORATION OF  
ACTUATION TEST EQUIPMENT COMPANY  
INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN  
FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE  
BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

*Now Therefore, I, George H. Ryan, Secretary of State of the  
State of Illinois, by virtue of the powers vested in me by law, do  
hereby issue this certificate and attach hereto a copy of the  
Application of the aforesaid corporation.*

**In Testimony Whereof,** I hereto set my hand and cause to  
be affixed the Great Seal of the State of Illinois,  
at the City of Springfield, this 20TH  
day of MAY A.D. 1993 and  
of the Independence of the United States  
the two hundred and 17TH



*George H. Ryan*  
SECRETARY OF STATE

C93 01 1678

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#18198

File #

05732-303-5

Form **BCA-5.10**  
**NFP-105.10**

(Rev. April 1995)

George H. Ryan  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-3647  
http://www.sos.state.il.us

**STATEMENT OF  
CHANGE  
OF REGISTERED AGENT  
AND/OR REGISTERED  
OFFICE**

**FILED**

JUL 19 1999

JESSE WHITE  
SECRETARY OF STATE

**RECEIVED**  
WINNEBAGO CTY RECORDER

AUG 02 1999

TIME 3pm

BY ho

**SUBMIT IN DUPLICATE**

**This space for use by  
Secretary of State**

Date 7-19-99

Filing Fee: \$5

Approved: [Signature]

Remit payment in check or money order,  
payable to "Secretary of State."

Type or print in black ink only.  
See reverse side for signature(s).

1. CORPORATE NAME: ACTUATION TEST EQUIPMENT COMPANY
2. STATE OR COUNTRY OF INCORPORATION: ILLINOIS
3. Name and address of the registered agent and registered office as they appear on the records of the office of the Secretary of State (before change):

Registered Agent	Thomas	D.	Luchetti
	First Name	Middle Name	Last Name
Registered Office	1700 North Alpine Road, Suite 204		
	Number	Street	Suite No. (A P.O. Box alone is not acceptable)
	Rockford	61107	Winnebago
	City	ZIP Code	County

4. Name and address of the registered agent and registered office shall be (after all changes herein reported):

Mail  
70 →

Registered Agent	Thomas	D.	Luchetti
	First Name	Middle Name	Last Name
Registered Office	6838 East State Street, Suite 307		
	Number	Street	Suite No. (A P.O. Box alone is not acceptable)
	Rockford	61108	Winnebago
	City	ZIP Code	County

101

5. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.
6. The above change was authorized by: ("X" one box only)
- a. ☐ By resolution duly adopted by the board of directors. (Note 5)
- b. ☒ By action of the registered agent. (Note 6)

**NOTE:** When the registered agent changes, the signatures of both president and secretary are required.

7. (If authorized by the board of directors, sign here. See Note 5)

The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true.

Dated \_\_\_\_\_ 19, \_\_\_\_\_ (Exact Name of Corporation)

attested by \_\_\_\_\_ by \_\_\_\_\_  
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)

\_\_\_\_\_  
(Type or Print Name and Title) (Type or Print Name and Title)

(If change of registered office by registered agent, sign here. See Note 6)

The undersigned, under penalties of perjury, affirms that the facts stated herein are true.

Dated April 6 19, 99 \_\_\_\_\_  
(Signature of Registered Agent of Record)

### NOTES

1. The registered office may, but need not be the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
2. The registered office must include a street or road address; a post office box number alone is not acceptable.
3. A corporation cannot act as its own registered agent.
4. If the registered office is changed from one county to another, then the corporation must file with the recorder of deeds of the new county a certified copy of the articles of incorporation and a certified copy of the statement of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.
5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must then be signed by the president (or vice-president) and by the secretary (or an assistant secretary).
6. The registered agent may report a change of the registered office of the corporation for which he or she is registered agent. When the agent reports such a change, this statement must be signed by the registered agent.

Form

**BCA-2.10****ARTICLES OF INCORPORATION**

(Rev. Jan. 1991)

George H. Ryan  
Secretary of State  
Department of Business Services  
Springfield, IL 62756

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

**FILED**

MAY 20 1993

**GEORGE H. RYAN**  
**SECRETARY OF STATE**

SUBMIT IN DUPLICATE!

This space for use by  
Secretary of State

Date 5-20-93  
Franchise Tax \$ 2.50  
Filing Fee \$ 7.00  
Approved: [Signature] 100-

1. **CORPORATE NAME:** Actuation Test Equipment Company

(The corporate name must contain the word "corporation", "company", "incorporated", "limited" or an abbreviation thereof.)

2. <b>Initial Registered Agent:</b>	Thomas	D.	Luchetti
	<i>First Name</i>	<i>Middle Initial</i>	<i>Last name</i>
<b>Initial Registered Office:</b>	1700 N. Alpine Road		204
	<i>Number</i>	<i>Street</i>	<i>Suite #</i>
	Rockford,	61107	Winnebago
	<i>City</i>	<i>Zip Code</i>	<i>County</i>

3. **Purpose or purposes for which the corporation is organized:**  
(If not sufficient space to cover this point, add one or more sheets of this size.)

The transaction of any or all lawful businesses for which corporations may be incorporated under the Business Corporation Act of the State of Illinois

4. **Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:**

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
Common	\$ N/A	10,000	1,000	\$ 1,000

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

(If not sufficient space to cover this point, add one or more sheets of this size.)

Section 1244 Stock

(over)

C93 01 1679

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: \_\_\_\_\_  
 (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Residential Address

6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_  
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_  
 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ \_\_\_\_\_  
 (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ \_\_\_\_\_

7. **OPTIONAL: OTHER PROVISIONS**

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. **NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated May 10, 19 93

Signature and Name
1. <u><i>Douglas J. Albright</i></u> Signature Douglas J. Albright (Type or Print Name)
2. _____ Signature (Type or Print Name)
3. _____ Signature (Type or Print Name)

Address
1. <u>315 West 4th Street</u> Street Byron Illinois 61010-0420 City/Town State Zip Code
2. _____ Street City/Town State Zip Code
3. _____ Street City/Town State Zip Code

(Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

**FEE SCHEDULE**

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
- The filing fee is \$75.
- The **minimum total due** (franchise tax + filing fee) is **\$100**.  
(Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.

Illinois Secretary of State	Springfield, IL 62756
Department of Business Services	Telephone (217) 782-9522
	782-9523