# F0000001365 THE UNITED STATES

REFERENCE

611917

AUTHORIZATION

COST LIMIT

ORDER DATE: March 3, 2000

ORDER TIME : 3:28 PM

ORDER NO. : 611917-065

700003164777--2

CUSTOMER NO: 7207227

CUSTOMER: Ms. Rhonda Asher

Kiwiplan Inc.

4695 Lake Forest Drive

Cincinnati, OH 45242

FOREIGN FILINGS

NAME:

KIWIPLAN INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini



### FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

March 10, 2000

JANINE LAZZARINI CSC NETWORKS TALLAHASSEE, FL

SUBJECT: KIWIPLAN INC. Ref. Number: W00000006481

RESUBMIT

Please give original submission date as file date.

We have received your document for KIWIPLAN INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The Registered Agent MUST SIGN the acceptance statement in Item 10.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 600A00013396

OD MAR 13 PM 4: 37
DEFANTISHT OF STATE OF VISION OF CORPORATIONS
TALLAHASSEF FINATIONS

#### TRANSMITTAL LETTER

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To: O	· ualification/Ta	ax Lien Section			1,00	
	ivision of Cor			•	8 8 % ·	
~-		POTERIORS			1 OACH	
SUBJECT:	KIWIPLA	AN TNC.			The Carry	
			of corporation - must include suffix	x)	<del></del>	
		<b>(</b>			14 OS 2	
Dear Sir or	Madam:				o. The	
					14 6. 2. 10 18 18 18 18 18 18 18 18 18 18 18 18 18	
The enclose	ed "Applicatio	on by Foreign Corporation for	or Authorization to Transact Busin	ess in Florida". "Certificate o	f Existence"	
and check a	are submitted	to register the above referen	ced foreign corporation to transact	t business in Florida.	· Androneo ,	
Please retur	rn all correspo	ondence concerning this mat	ter to the following:			
		RICHARD A. LUNI			1-	
			(Name of Person)			
		GRONER, BOYLE &	CITTLT'N T.T.P			
		011011211, 001222 0	(Firm/Company)		·	
			(1 mm Company)			
		500 S. FRONT SI	P.O. BOX 182108			
			(Address)	-		
		COLUMNIC OF 10				
		COLUMBUS, OH 43				
			(City/State/Zip)			
Should you	need to call se	omeone concerning this mat	ter, please call:			
RICHARI	D A. LUN	DY	at 614-221-1120			
	(Name	of Person)	(Area Code & Daytime Telephone Number)			
	<b>V</b>	<b>,</b>	(111011 Code & Daytime 10	siephone (vaniser)		
STREET A	DDRESS:	-	MAILING ADI	DRESS:		
Qualification	n/Tax Lien Se	ection	Qualification/Tax	x Lien Section		
Division of Corporations				Division of Corporations		
409 E. Gaines St. P.O. Box 6327						
Fallahassee,	FL 32399	-	Tallahassee, FL 3	32314	= *•	
Enclosed is	a check for th	e following amount:				
			_			
X \$70.00 F	iling Fee	\$78.75 Filing Fee &	378.75 Filing Fee &	\$87.50 Filing Fee,		
		Certificate of Status	Certified Copy	Certificate of Status &	•	
				Certified Copy		

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECEIPT FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. KIWIPLA	AN INC.		\ ك	366
abbreviation	rporation; must include the word "INCORPORATED sof like import in language as will clearly indicate the finot so contained in the name at present.)	", "COMPA at it is a co	ANY", "CORPORATION" or words or orporation instead of a natural person of	100 STATE
2. OHIO	country under the law of which it is incorporated)	3	31–1610069 (FEI number, if applicable)	7 5
(State or o	country under the law of which it is incorporated)		(FEI number, if applicable)	)
4	JULY 28, 1998 5. (Date of incorporation)		PERPETUAL ion: Year corp. will cease to exist or "p	
	(Date of incorporation)	(Durati	ion: Year corp. will cease to exist or "p	erpetual")
6	MARCH 1,	2000		-
(	MARCH 1, Date first transacted business in Florida.) (SEE SEC	TIONS 607	7.1501, 607.1502 and 817.155, F.S.)	
7. <u>4695 LP</u>	KE FOREST DRIVE		· · · · · · · · · · · · · · · · · · ·	
CINCINN	ATI, OHIO 45242	-		
<del>- · · · · · · · · · · · · · · · · · · ·</del>	(Current mailing	g address)		
8. MARKETI	NG AND DISTRIBUTION OF COMPUTE	ER SOFT	[WARE	
-	(Purpose(s) of corporation authorized in home state of	or country t	to be carried out in state of Florida)	
9. Name and s	treet address of Florida registered agent: (P.O. Box	or Mail D	rop Box <u>NOT</u> acceptable)	
Name:	CORPORATION SERVICE COMPANY			
Office Address:	1201 HAYS STREET	<u>:</u>		:
	TALLAHASSEE	, Florida,	32301	_
			(Zip code)	
10. Registered a	gent's acceptance:			
n this applicatio comply with the	ned as registered agent and to accept service of proc n, I hereby accept the appointment as registered ago provisions of all statutes relative to the proper and c bligations of my position as registered agent.	ent and agi	ree to act in this capacity. I further ag	gree to
	(Registered agent's	signature)	<del></del> )	

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors: (Street address ONLY P.O. Box NOT acceptable)

A. DIKE			
Chairman:	BRUCE HOWE		T=
Address:	4695 LAKE FOREST DRIVE, CINCINNATI, OH 45242		<del></del> -
		200	
Vice Chain	man: MICHAEL J. van BELLEN	8 A C	·
Address:	5TH FL., AMI BUILDING, 15 OSTERLEY WAY	<b>3</b> 90	
•	MANUKAU CITY, P.O. BOX 97 606 SAMC, AUKLAND, NEW ZEALAND		69.5°
Director	GOVINDARAJU BALASUNDRAM	di di	THE STATE OF THE S
	5TH FL., AMI BUILDING, 15 OSTERLEY WAY	زه	195
Address.	MANUKAU CITY, P.O. BOX 97 606 SAMC, AUKLAND, NEW ZEALAND		<del></del> -
<b>.</b>			<del></del> .
Director:			
Address:			ekā
		- 41	··· ===
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)		
President:	BRUCE HOWE	,	<del>-</del>
Address:	4695 LAKE FOREST DRIVE, CINCINNATI, OH 45242		<del></del>
		s.	<del></del>
Vice Presid	lent:		
Address:			
Cogrataria	MICHAEL J. van BELLEN	-	
•	5TH FL., AMI BUILDING, 15 OSTERLEY WAY	<del> </del>	<del></del> , ,,
Address:		<del></del>	
	MANUKAU CITY, P.O. BOX 97 606 SAMC, AUKLAND, NEW ZEALAND		<del></del> .
	BRUCE HOWE	. ,	<del></del> . =
Address:	4695 LAKE FOREST DRIVE, CINCINNATI, OH 45242		
		······································	
NOTE: If	necessary, you may at ach an addendum to the application listing additional officers and/or directors.		
13	116		
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14	(Typed or printed name and capacity of person signing application)		

# UNITED STATES OF AMERICA STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show KIWIPLAN, INC., an Ohio corporation, Charter No. 1017956, having its principal location in Cincinnati, County of Hamilton, was incorporated on July 28, 1998 and is currently in GOOD STANDING upon the records of this office.



WITNESS my hand and official seal at Columbus, Ohio on March 7, 2000

J. Kenneth Blackwell Secretary of State

Euneth Blackwell