Fc	T Corp Requester's Name	50006542	ય
	1209 Orange Street Wilmington, DE 19801 Phone #		
CORPO	RATION NAME(S) & DOCU	Office Use Only IENT NUMBER(S), (if known):	
1	(Corporation Name)	(Document #)	د المحدود المحدد ال
2	(Corporation Name)	- (Document#) 500003471745	∄
3	(Corporation Name)	(Document #)	5 type -
4	(Corporation Name)	(Document #)	

	(Cor	poration Name)	(Document #)	<u></u>
П	Walk in	Pick up time	Certified Copy	
	Mail out	☐ Will wait	Photocopy Certificate of St	tatus
NEW FILINGS			AMENDMENTS ECCE	NOV F
	Profit Not for Profi Limited Liab Domesticatio Other	ility	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	ILED 21 MH2: 35
OTHER FILINGS		<u>GS</u>	REGISTRATION/QUALIFICATION	1
	Annual Repo		Foreign Limited Partnership Reinstatement	mh 11/27

Reinstatement Trademark Other

Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

Key Operations Center, Incorporated	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a	
natural person or partnership if not so contained in the name at present.)	
2. Maryland 3. 942964102 (FEI number, if applicable)	
(State or country under the law of which it is incorporated)	
4. November 25, 1981 (Date of incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")	
6. Upon Approval	
6. Upon Approval (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 626 Revolution Street,	
Haver de Grace MD 21078	
(Current mailing address)	
8. Bill Collections	-
8. Bill Collections (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: Cl Corporation System	
Office Address: 1200 South Pine Island Road	
Plantation, FL Florida, 33324	
Plantation, FL Florida, . Florida, (Zip code)	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the place designation in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.	ed h
(Registered agent's signature) Special Assistant Secretary	
1 00 days might to delivery of this application to the	

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. DIRECTORS (Street address only - P.O. Box NOT acceptable) Vice Chairman: Address: _ Director: David H. Wells, Jr. 5 Amiel Court, Towson, MD 21286 Address: Director: Bill Knight 1073 Wiloa Drive, Westminster, MD 21157 Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Nadine Theodora Deckman 8 Address: 526 Revolution Street Havre de Grace MD 21078 Vice President: Raette Christine Cantler Address: 626 Revolution Street Havre de Grace, MD 2107 Secretary: <u>Daniel J. Honick</u> Address: 626 Revolution Street, 21078 MD Havre de Grace, Treasurer: Stephen G. Gryglewski Address: 626 Revolution Street, 21078 MDHavre de Grace, and additional officers and/or directors. NOTE: If necessary Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT KEY OPERATIONS CENTER, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 15, 2000.

Paul B. Anderson Charter Division

Baul B. Under

O NOV ZI AM IZ: 33 RECRETARY OF STATE ALLAHASSEE, FLORIDA

