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| aval. | () Reinstatement | | | | | |
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| | () Fictitious Name | () UCC | | | | |
| () Certified Copy | () Photocopies | () CUS | | | | |
| () Call When Ready | () Call If Problem | () After 4:30 | | | | |
| (x) Walk In | () Will Wait | (x) Pick Up | | | | |
| () Mail Out | | | | | | |
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| W.P. Verifier | DEPARTMENT OF STATE ONVISION OF CORPCEATH WS AGIST OF ANY STATES | Amount: \$ | | | | |

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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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. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.) Delaware (State or country under the law of which it is incorporated) October 11, 2001 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") October 12, 2001 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 5100 Poplar Avenue, 11th Floor, Memphis, TN 38137 (Principal office address) (Current mailing address) Provides monitoring and verification services for the airline (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) industry. 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) CT Corporation System Office Address: 1200 S. Pine Island Road ______, Florida 33324 (Zip code) 10. Registered agent's acceptance: twing been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I urther 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. Sugen J. Metze Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to deliver 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 business addresses of officers and/or directors:

| A. DIRECT | ORS | | | | | | | |
|-----------------|---|---------------|-----------------|---------------|------------|------------------|---------------------------------------|-----|
| Chairman: | | <u> </u> | | _13 | | IN SE | | |
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| Vice Chairman | x: | | | | | mc | 20 | _ |
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| · | | | | | | 77 | 5 | _ |
| Director: | George H. Alvord | | | | | | | |
| | 5100 Poplar Avenue, | | | | | | | |
| | Memphis, TN 38137 | | | | | | | |
| | Carl I. Jacobson | | | | | | | |
| | 5100 Poplar Avenue, | | | | | | | |
| | Memphis, TN 38137 | | | | | | | |
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| B. OFFICE | | | | | | | | |
| | George H. Alvord | | | | | | | |
| Address: | 5100 Poplar Avenue, | llth I | floor | <u> </u> | | · · · | | _ |
| | Memphis, TN 38137 | - | | • | | - | | _ |
| Vice President: | | <u>.</u> | | d. | | <u> </u> | | _ : |
| | | | | | | | | |
| | | | | | | | | |
| Secretary: | Carl I. Jacobson | | | | | | | |
| | 5100 Poplar Avenue, | | | | | | | |
| | Memphis, TN 38137 | | | | | | · · · · · · · · · · · · · · · · · · · | _ |
| | | | | | | | · | - |
| | cessary, you may attach an addendur (Signature of Chairman, Vice Cha | m to the ap | plication listi | | | | | _ |
| _ | | | my officer lis | ted in number | r 12 of th | ne application | 1) | |
| 14(| Carl I. Jacobson, Secr (Typed or printed name a | | of person sig | ming applicat | ion) | | | - |

State of Delaware

Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GATE SAFE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2001.

SECRETAGE OF STATE



Warriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1396544

DATE: 10-17-01