

F03 000003383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

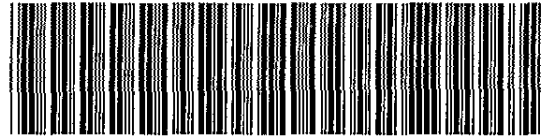
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/08/03--01028--014 **87.50

RECEIVED
03 JUL -8 PM 1:15:58
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

F03-338
Al

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY

DATE: 7-8-03

REF. #: 0852.17598

CORP. NAME: THREAT MANAGEMENT AND PROTECTION, INC.

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 2902 FOR \$ 87.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED
03 JUL -8 11:11:56
TALLAHASSEE, FL
CORPORATION DIVISION

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.

- 1. THREAT MANAGEMENT AND PROTECTION, INC.
2. CALIFORNIA
3.
4. 01/12/2000
5. PERPETUAL
6. UPON QUALIFICATION
7. PO BOX 5640 HUNTINGTON BEACH, CA 92615

(Current mailing address)

- 8. INVESTIGATIVE AND SECURITY SERVICES

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: National Corporate Research, Ltd.
Office Address: 103 N. Meridian Street
Tallahassee, Florida 32301

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
JUL - 8 PM 1:58
FILED

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 designated 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.

(Registered agent's signature) A. P. POLIZZI
ASS'T V.P.

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Robert J. Kirschnner

Address: PO BOX 5640

HUNTINGTON BEACH, CA 92615

Director: RONALD W PEARNE

Address: PO BOX 5640

HUNTINGTON BEACH, CA 92615

B. OFFICERS

President: Robert J. Kirschnner

Address: PO BOX 5640

HUNTINGTON BEACH, CA 92615

Vice President: _____

Address: _____

Secretary: Robert J. Kirschnner

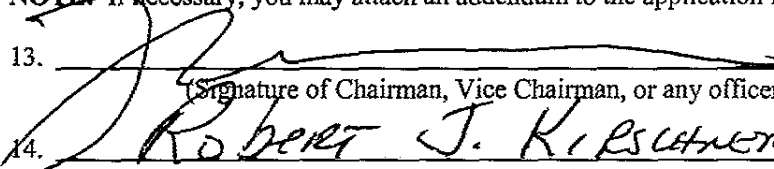
Address: PO BOX 5640 HUNTINGTON BEACH CA 92615

Treasurer: Robert J. Kirschnner

Address: PO BOX 5640 HUNTINGTON BEACH CA 92615

FILED
2011-11-15
11:53 AM
CLERK OF THE COURT

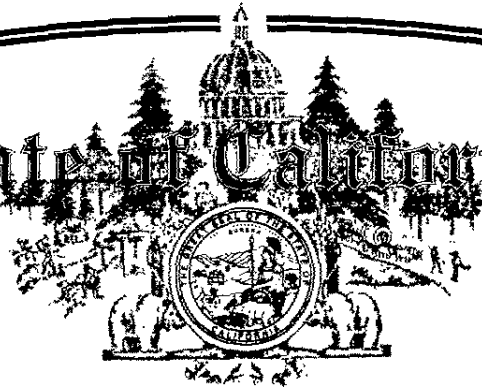
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert J. Kirschnner President

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

State of California



SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

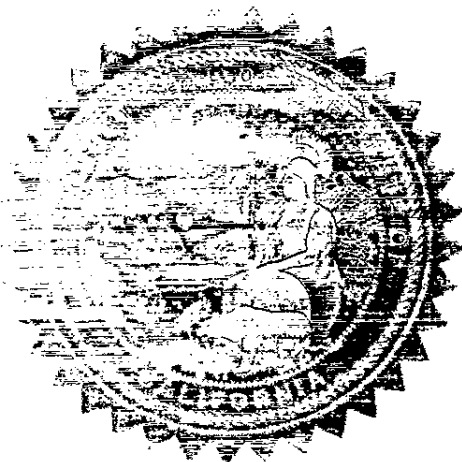
That on the **12th day of January, 2000**, **THREAT MANAGEMENT AND PROTECTION, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 3, 2003.



Kevin Shelley
KEVIN SHELLEY
Secretary of State

sk