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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATION

**FOREIGN PROFIT QUALIFICATION**

**TransneuroniX, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

04 AUG -3 PM 10: 56  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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. Transneuronic Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 72-1342229  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-11-1999 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 Stack Court, Suite 1069, Mt. Arlington NJ 07856  
(Principal office address)

Same  
(Current mailing address)

8. Medical Device - Develop, Market + Distribute  
(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 NOT acceptable)

Name: CT Corp. System

Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

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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.*

Sheila Clark SHEILA CLARK  
(Registered agent's signature) Assistant Secretary

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: David A. Jenkins  
Address: 6 Brandon Dr.  
Flanders NJ 07836

Vice Chairman: -N/A  
Address: \_\_\_\_\_

Director: Bobby I. Griffin Terry Griffin Don Casson  
Address: 1326 Spring Valley Rd. 650 Dolanway St #417 2170 Piedmont Rd.  
Golden Valley MN 55437 San Francisco CA 94107 Atlanta GA 30524

Director: Michael Ellwein Glen D. Nelson Pat Gordon  
Address: 710 Medtronic Pkwy NE 500 Tonkawa Rd. 494 Higdon Rd.  
Minneapolis MN 55432 Long Lake MN 55356 Wyazoma MN 55391

B. OFFICERS

President: David A. Jenkins  
Address: 6 Brandon Dr.  
Flanders NJ 07836

Vice President: -N/A  
Address: \_\_\_\_\_

Secretary: Steven C. Adler  
Address: 46 Willshire Blvd. Randolph NJ 07859

Treasurer: N/A  
Address: \_\_\_\_\_

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

13. David A. Jenkins  
(Signature of Director or Officer listed in number 12 of the application)

14. David A. Jenkins, President 8-2-04  
(Typed or printed name and capacity of person signing application)

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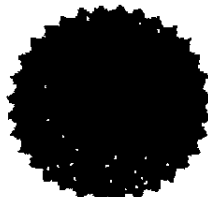
# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSNEURONIX, 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 SECOND DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Harriet Smith Windsor*  
 Harriet Smith Windsor, Secretary of State

3001042 8300

AUTHENTICATION: 3270815

040565020

DATE: 08-02-04