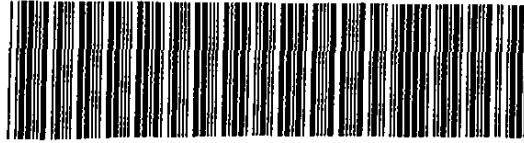


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. WHITE OCT 11 2006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

WAIT

-MAIL

(Business Entity Name)

(Document Number)

Certificates of Status

Filing Officer:

Office Use Only

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** TESTEX, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SUNIL N. RAMCHANDRAN  
(Name of Person)

TESTEX, INC  
(Firm/Company)

508 OLD FRANKSTOWN RD.  
(Address)

MONROEVILLE, PA 15146  
(City/State and Zip code)

For further information concerning this matter, please call:

SUNIL RAMCHANDRAN at (412) 798-8990  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, 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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. TESTEX, 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. PENNSYLVANIA 3. 25-1543272  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/30/1987 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. 508 OLD FRANKSTOWN RD., MONROEVILLE, PA 15146  
(Principal office address)

508 OLD FRANKSTOWN RD., MONROEVILLE, PA 15146  
(Current mailing address)

8. TO PROVIDE NON DESTRUCTIVE TESTING SERVICE  
(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: RICHARD A. ZOROWSKI

Office Address: 101 EAGLE CT.

BABSON PARK, Florida 33827  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.*

Richard A. Zorowski  
(Registered agent's signature)

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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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**B. OFFICERS**

President: SHANKAR NARAYAN RAMCHANDRAN

Address: 3908 BRIDGEWOOD CIRCLE  
MURRYSVILLE, PA 15668

Vice President: SID RAMCHANDRAN

Address: 5616 SUMMIT COURT  
MURRYSVILLE, PA 15632

Secretary: SUNIL RAMCHANDRAN

Address: 105 URICK LANE, MONROEVILLE, PA 15146

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. SUNIL V.P. for Testex Inc  
(Signature of Director or Officer listed in number 12 of the application)

14. SUNIL N. RAMCHANDRAN V.P. FOR TESTEX  
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

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06 OCT 11 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEPTEMBER 29, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

TESTEX, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

*Pedro A. Cortes*

Secretary of the Commonwealth