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Florida Department of State
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FOREIGN PROFIT/NONPROFIT CORPORATION

Interface Solutions, Inc.

Certificate of Status	0
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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.

1. Interface Solutions 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. DE 3. 51-0414321
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12/20/2001 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. 216 Wohlsen Way, Lancaster, PA 17603
(Principal office address)
216 Wohlsen Way, Lancaster, PA 17603
(Current mailing address)

8. Any lawful purposes
(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)

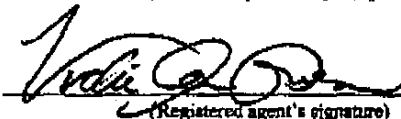
Name: CT Corporation System

Office Address: 1200 S Pine Island Rd

Plantation, Florida 33324
(City) (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 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)

Vicki Ann Owens
Special 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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Franklin L Fox

Address: 216 Wohlsen Way
Lancaster, PA 17603

Vice Chairman: Paul M Stombaugh

Address: 216 Wohlsen Way
Lancaster, PA 17603

Director: Lance J Koved

Address: 7031 Antinori Ln
Boynton Beach, FL 33437

Director: _____

Address: _____

B. OFFICERS

President: Franklin L Fox

Address: 216 Wohlsen Way
Lancaster, PA 17603

Vice President: Paul M Stombaugh

Address: 216 Wohlsen Way
Lancaster, PA 17603

Secretary: Terry N Sommer

Address: 216 Wohlsen Way, Lancaster, PA 17603

Treasurer: Lance J Koved

Address: 7031 Antinori Ln, Boynton Beach, FL 33437

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

13. Terry N Sommer
(Signature of Director or Officer listed in number 12 of the application)

14. Terry N Sommer
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERFACE SOLUTIONS, 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 FOURTH DAY OF DECEMBER, A.D. 2006.

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 5243214

DATE: 12-04-06