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Division of Corporations

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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. CONNECTED OFFICE PRODUCTS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. PENNSYLVANIA 3. 23-2874730
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/21/97 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12/03/01
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 601 TECHNOLOGY DRIVE, CANNONSBURG PA 15317
(Principal office address)

2 MUSICK, IRVINE CA 92618
(Current mailing address)

8. SALES OF BUSINESS EQUIPMENT AND RELATED PRODUCTS AND SERVICES
(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: C T Corporation 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.

By: M. T. Fitzpatrick M. T. FITZPATRICK
(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:

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A. DIRECTORS

Chairman: RICHARD TAYLOR

Address: 2 MUSICK, IRVINE CA 92618

Vice Chairman: _____

Address: _____

Director: WAYNE WILKINSON

Address: 2 MUSICK, IRVINE CA 92618

Director: MICHAEL TORCASO

Address: 2 MUSICK, IRVINE CA 92618

B. OFFICERS

President: RICHARD TAYLOR - CEO - 2 MUSICK, IRVINE CA 92618

Address: ROBERT OREBNHALGH - PRESIDENT - 601 TECHNOLOGY DR, CANNONBURG PA 15317

Vice President: WAYNE WILKINSON

Address: 2 MUSICK, IRVINE CA 92618

Secretary: STEPHEN MORAN

Address: 2 MUSICK, IRVINE CA 92618

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. STEPHEN MORAN, SECRETARY

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

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TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JULY 8, 2007

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CONNECTED OFFICE PRODUCTS, 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.**

Recha Q. Curtis

Secretary of the Commonwealth

Certification Number: 0790048-1
Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>