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TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS

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SUBJECT: Actions Seminary Secretary (Market 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: (Name of Person) INTERNATED FORMACE Stagen Some (Firm/Company) 3.1 FAM. 33. 1184 (Address) SCHOOL AND EIR. (City, State and Zip Code) Should you need to call someone concerning this matter, please call:

COURIER ADDRESS:

Qualifica ... n/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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 FLOR. JA:

(Name of corporation: must include the word "NCORPORATED", "COMPANY", "CORPOR abbreviations of like import in language as will clearly indicate that it is a corporation instruction or partnership if not so contained in the name at present.)	ATION or werds or
or partnership if not so contained in the name at present.)	and of a natural person
2. Mirry (a.) (State or country under the law of which it is incorporated) 3. S.	
(State or country under the law of which it is incorporated)	· · · · · · · · · · · · · · · · · · ·
A MAN 1997	(lo)
(Date of lecorporation) 5. furgination	
(Duration: Year corp. will cease to ex	ist or "perpetual")
4. Illing 1775 5. forgonated (Date of Incorporation) 5. forgonate (Date of Incorporation) 5. forgonate (Date of Incorporation) 6. forgonate (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)	
(Date first transacted business in Florida, (See sections 607,1501, 607,1502, and 817,155, F.S.)	10 II.
7 S. C. FERRING LANGUAGE WALL	- 101 공급 - 기급
7. SULFERRING INFLANT WAY	
	1
Current mailing address)	sil in the same
8. The property classically been very	; ; ;
8. (Purposa(s) of corporation authorized in home state or country to be carried out in the s	tate of Florida
	mm of Florida)
Name and street address of Florida registered agent:	
The second secon	
Office Address: Criff 5 Holiston US FIFTH ST LOCAL FROM BEACH , Florida,	
1115 1 111 51	
Greek LAND BORN -	• • • •
, Florida ,,	7540
	(Zip Code)
10. Registered agent's acceptance:	
Having heen named as registered	
Having been named as registered agent and to accept service of process for corporation at the place designated in this application, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply wo of all statutes relative to the proper and complete performance of my duties, with and accept the obligations of my position as registered agent.	appointment as
i Pal II	
(Registered agent's signature)	
(Registered agent's signature)	
11. Attached is a certificate of existence duly authenticated, not more than delivery of this application to the Department of State, by the Secretary of State having custody of corporate records in the jurisdiction under the law of which is	90 days prior to

having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Α.	DIRECTORS		
	Address:		
	Vice Chai	man:	
	Director:		· · · · · · · · · · · · · · · · · · ·
	Address: _		
	Director: _		· · · · · · · · · · · · · · · · · · ·
В.	OFFICERS	/	ان المرابع المرابع المرابع
	President:	So time	S IIA
	Address:	Sel 1 Micros Way	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	_	Service Mrs 117.2	
	Vice Presid	ent:	5
	Secretary:		
	Address: _		
	Treasurer:		
	Address: _		
NOTE: and/or	If necessary, you madirectors.	ay attach an addendum to the appli	cation listing additional officers
	25/	Chairman, or any officer listed in number 12	

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

STATE OF MARYLAND

346942

DEPARTMENT OF ASSESSMENTS AND TAXATION

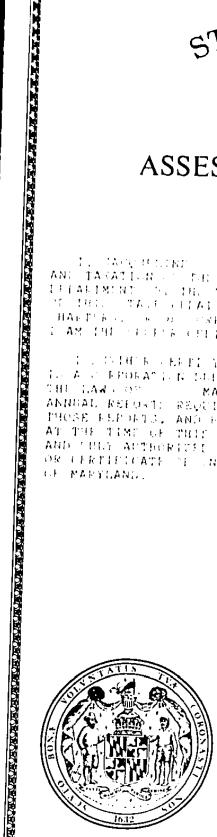
401 West Presson Street, Baltimore, Maryland, 21201

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I. DITHER CEFTLY THAT INCLURATED SCRTWARE DOLUTIONS, INC.

I. A CEFPORATION DELY INTERPORATED AND EXISTING UNDER AND BY VIFTUE DETERMINED OF MARYLAND AND JAID CORFORATION HAS FILED ALL ANNUAL REPORT: REQUIRED, HAS NO OUTSTANDING CATE FILING PENALTIES ON THOSE FURDED, AND FAS A PESIDENT AGENT, THEREFORE, THE CORPORATION IS AND THAT DETERMINED IN GOOD STANDING WITH THIS DEPARTMENT AND THEY AUTHORISE TO EXERCISE ALL THE FOWERS RECITED IN ITS CHARTER OR CERTIFICATE IN SALENDARD. AND TO TRANSACT BUSINESS IN THE STATE

SECRETARY OF STOLEMAN SECRETARY OF STOLEMAN OF STOLEMAN SECRETARY OF STOLEMAN OF STOLEMAN



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