# [95000001014807

TO: Qualification/Tax Lien Section Division of Corporations

| SUBJECT:   | HMI ASSOCIATES, INCORPORATED  |
|--|---|
|  | (Name of corporation must include suffix)   |
| Dear Sir or Mad  | lam:  |
| The enclosed "A<br>Florida", "Certif<br>foreign corporat | application by Foreign Corporation for Authorization to Transact Business in icate of Existence", and check are submitted to register the above referenced ion to transact business in Florida. |

Please return all correspondence concerning this matter to the following:

ANDREW H HEIDER

(Name of Person)

HMI ASSOCIATES, INC.

(Firm/Company)

20700 VENTURA BLVD. SUITE 225

(Address)

WOODLAND HILLS, CAL 91364

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

ANDREW H HEIDER

### **COURIER ADDRESS:**

(Name of Person)

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

### **MAILING ADDRESS:**

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

(Area Code & Daytime Telephone Number)

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1.                       | HMI ASSOCIATES, INC  |   |
|--------------------------|--|---|
|                          | (Name of corporation: must include the word "INCORPO abbreviations of like import in language as will clearly inceperson or partnership if not so contained in the name at p   | DRATED", "COMPANY", "CORPORATION" or words or dicate that it is a corporation instead of a natural resent.)   |
| 2.<br>(                  | LOS ANGELES COUNTY, CAL State or country under the law of which it is incorporated)  | (FEI number, if applicable)   |
| 4                        | 7/6/83   | 5 DEDDERMAN CO CO   |
| ٦.                       | (Date of Incorporation)  | 5. PERPETUAL. (Duration: Year corp. will cease to exist or "perpetual")   |
| 6                        | NONE TO DATE   | ب <sub>هدا</sub> ن ۱۷۵  |
| U.                       | (Date first transacted business in Florida. (SEE SECTIO  | ONS 607.1501, 607.1502, AND 817.155, F.S.)  |
| 7.                       | HMI ASSOCIATES, INC  | (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4  |
|                          | 20700 VENTURA BLVD, SUITE 22   | 5, WOODLAND HILLS, CAL 91364  |
|                          | (Current mai   | ling address)   |
| 8.                       | SECURITY OFFICER SERVICE   |   |
|                          | Name and street address of Florida registere acceptable)  STEVE R DONATY  Name:  | ed agent: (P.O. Box or Mail Drop Box NOT  |
| Off                      | 2100 NURSERY RD # L1   | .3  |
|                          | CLEAR WATER  | , Florida , 34624<br>(Zip Code)   |
| 10.                      | Registered agent's acceptance:   | (Zip Code)  |
| cor<br>reg<br>all<br>and | rying been named as registered agent and to accept a poration at the place designated in this application at the place designated in this application is tered agent and agree to act in this capacity. Statutes relative to the proper and complete per a accept the obligations of my position as registed agent accept the obligations of my position as registed agent accept the accept the obligations of my position as registed agent accept the obligations of my position as registed agent accept the obligations of my position as registed agent accept the obligations of my position as registed agent accept the obligations of my position as registed agent accept the obligations of my position as registered agent and to accept the place accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligation of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligation of my position as registered agent accept the obligation accept the obligatio | tion, I hereby accept the appointment as I further agree to comply with the provisions of formance of my duties, and I am familiar with ered agent.  ent's signature) |
|                          | official having custody of corporate records in t  | the jurisdiction under the law of which it is   |

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)

| Chairman:             |  |
|-----------------------|--|
|                       |  |
| Vice Chair            | man:   |
| Address:              |  |
| Director:             |  |
| Address: _            |  |
| Director: _           |  |
| Address: _            |  |
| B. OFFIC              | CERS (Street address only- P. O. Box NOT acceptable)                                       |
| President:            | ANDREW H HEIDER  |
| Address: _            | 1266 OAK GROVE PL  |
| -                     | WEST LAKE VILLAGE, CAL 91362   |
| Vice Presid           | lent:  |
| Address: _            |  |
| Secretary:            | MICHAEL W MOEN   |
| Address:              | 325 LONGBRANCH RD  |
|                       | SIMI VALLEY, CAL 93065   |
| Treasurer:            | (SAME AS SECRETARY)  |
| Address:              |  |
| NOTE: If officers and | necessary, you may attach an addendum to the application listing additional for directors. |
| (S                    | mature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  |
| 14                    | ANDREW H. HETDER (Typed or printed name and capacity of person signing application)        |



# State of California

SECRETARY OF STATE



## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONFS, Secretary of State of the State of California, hereby certify:

| That on the | 06TII | day of . | JULY |  | 19_83 |
|-------------|-------|----------|------|--|-------|
|-------------|-------|----------|------|--|-------|

HMI ASSOCIATES, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

1ST day of AUGUST, 1995

BILL JONES
Secretary of State

SEC/STATE FORM CE-112 (REV. 1-95)

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