Tools Number (Only) 000006422

		 :			-
C T Corporati	on System	. <u>. </u>	•		
Requestor's Name 660 East Jeff	erson Street	- · · ·			
Address Tallahassee,	FL 32301			سي وس ريسني پاستان وسدن	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
City State :	Zip Phone		30000 -12	/05/9701	1033022
CORPO	ORATION(S) NAME	E	****	**70.00	******70.00
				<u> </u>	- W
			-	7 BEC	- SES 12/9
,	Information	on Systems	Corporation	5	FILED OF CORF
					
XPProfit () NonProfit	` '	mendment	() Me	erger	TE 3TE
() Limited Liability Proreign	() Di	issolution/With	drawal () Ma	ark	
() Limited Partnership () Reinstatement () Limited Liability	() Re	nnual Report eservation		her nange of R ctitions	
() Certified Copy		noto Copies	() Ct		
() Call When Ready **Walk In () Mail Out		all if Problem /ill Wait	() Af XX Pio	ter 480 P	
Name Availability Document	12.(5		PLEASE RETURN FILE S	EXERCISE STANDED	Y(S)
Examiner Updater				-5	
Verifier				₹ 9 -	
Acknowledgment				PH 4: 12	9
W.P. Verifler				entre de la constante de la co	主 .
		•			

CR2E031 (1-89)

TRANSMITTAL LETTER

•	ation/Tax Lien Section of Corporations			
SUBJECT:	Information Syste	ems Corporation		
		ne of corporation - must include suffix)		
Dear Sir or Mad	lam:			
	Existence", and check an	Corporation for Authorization to Transact Business in Florida", e submitted to register the above referenced foreign corporation t		
Please return all	correspondence concern	ning this matter to the following:		
		(Name of Person)		
	CT Corporation System			
		(Firm/Company)		
	1200 South Pine Island Road			
		(Address)		
	Plantation, FL 33324			
		(City/State/Zip)		
Should you need	I to call someone concer	rning this matter, please call:		
(Name of Person)		at () (Area Code & Daytime Telephone Number)		
COURIER AD	·	MAILING ADDRESS:		
Qualification/Ta	x Lien Section	Qualification/Tax Lien Section		
Qualification/Tax Lien Section Division of Corporations		Division of Corporations		
409 E. Gaines St.		P.O. Box 6327		
Tallahassee, FL 32399		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 FLORIDA. Information Systems Corporation (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) Michigan (FEI number, if applicable) (State or country under the law of which it is incorporated) November 1, 1985 (Date of incorporation) (Duration: Year corp. will cease to exist or January 1, 1997 (Date first transacted business in Florida.) (SEE SECTIONS 607,1501, 607,1502 and 817,155, F.S.) 2935 Waterview Drive Rochester Hills, MI 48309 (Current mailing address) Computer Software Development and Marketing (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 or Mail Drop Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 10. Registered agent's acceptance:

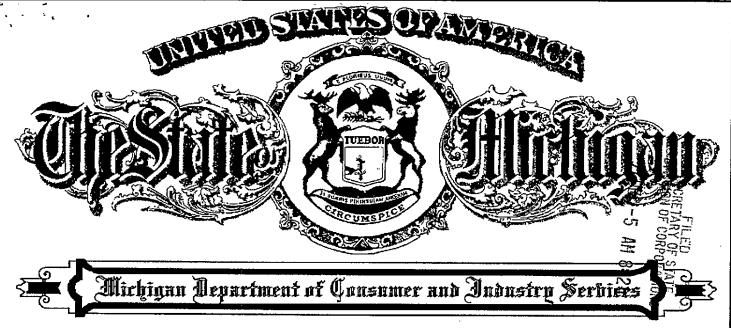
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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)
Marc A. Gillis, Asst. V.P.

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Address: __ Vice Chairman: Director: ___ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Mary O. Hinz ______ Address: 2935 Waterview Drive Rochester Hills, MI 48309 Vice President: Paul P. Vagnozzi Address: _____2935 Waterview Drive Rochester Hills, MI 48309 Secretary: ___ Paul P. Vagnozzi Address: 2935 Waterview Drive Rochester Hills, MI 48309 Treasurer: ___ Mary O. Hinz Address: _____2935 Waterview Drive Rochester Hills, MI 48309 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)



Lansing, Michigan

This is to Certify That

INFORMATION SYSTEMS CORPORATION

was incorporated on November 1, 1985, as a Michigan profit corporation, and said corporation is in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 2nd day of December, 1997.

, Director

Corporation, Securities and Land Development Bureau