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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: CMP, Inc.
(Name of corporation - must include suffix)

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-06/29/99--01016--001
*****87.50 *****87.50

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:

Sean Campbell
(Name of Person)
CMP, Inc.
(Firm/Company)
9016 Washington St. NE
(Address)
Albuquerque, NM 87113
(City/State/Zip)

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

Julie Miner at (505) 822-0477
(Name of Person) (Area Code & Daytime Telephone Number)

mtm
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STREET ADDRESS:

Qualification/Tax Lien Section
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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. CMP, Incorporated
(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.)

2. New Mexico 3. 85-0449440
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 27, 1997 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Project scheduled June 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 9016 Washington St. NE
Albuquerque, NM 87113
(Current mailing address)

8. Construction Management
(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)

Name: C T Corporation System
Office Address: 1200 S. Pine Island Rd.
Plantation, Florida, 33324
(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. C T Corporation System

Vickie M. Prince
(Registered agent's signature)

Vickie M. Prince, Asst. Secy.

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)

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99 JUN 29 AM 11:59

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Wayne Usiak

Address: 80 Thunderbird Road
Tijeras, NM 87059

Vice President: Sean Campbell

Address: 4945 Rosemary Dr.
Albuquerque, NM 87120

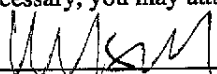
Secretary: Paul Gladysz

Address: 8209 Eaglerock Ave. NE
Albuquerque, NM 87122

Treasurer: _____

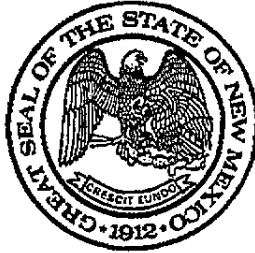
Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Wayne Usiak, President
(Typed or printed name and capacity of person signing application)

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OFFICE OF THE
PUBLIC REGULATION COMMISSION

CERTIFICATE OF GOOD STANDING AND COMPLIANCE

IT IS HEREBY CERTIFIED that:

CMP, INC.
1897438

a corporation organized under the laws of
NEW MEXICO

is duly authorized to transact business in New Mexico, as a
Domestic Profit Corporation, under the
BUSINESS CORPORATION ACT
(53-11-1 to 53-18-12 NMSA 1978)

having filed its Articles of Incorporation on OCTOBER 27, 1997
and Certificate of Incorporation issued as of said date.

IT IS FURTHER CERTIFIED that the fees due the Public
Regulation Commission which have been assessed against the
aforesaid corporation, have been paid to date and aforesaid
corporation is in corporate good standing & duly authorized
to transact business as its corporate existence has not been
revoked in New Mexico. This Certificate is not to be
construed as an endorsement, recommendation, or notice of
approval of the corporation's financial condition or
business activities and practices. This certificate of Good
standing and compliance expires: SEPTEMBER 15, 2000

Dated: MAY 17, 1999

In testimony whereof, the State Public Regulation
Commission of the State of New Mexico has
caused this certificate to be signed by its
Chairman and the seal of said Commission to be
affixed at the City of Santa Fe

Lynnda M. Louiey
Chairman

New Callan

Bureau Chief

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