F05000004264

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	١٠

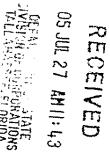


700057403307

07/27/05--01035--015 **70.00

Mr.





CT CORPORATION

July 27, 2005

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399 SUL 27 PH 2: 03
SECRETARSEE, FLORIDA

Re: Order #: 6417192 SO

Customer Reference 1: CNA

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Fortran Traffic Systems, Inc. (MN) Qualification Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist
Jennifer Murphy@cch-lis.com

1203 Governors Square Boulevard Tallahassee, FL 32301-2960 Tel. 850 222 1092 Fax 850 222 7615

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.
FORTRAN TRAFFIC SYSTEMS . INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MINNESOTA 3. 98-0355873
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/09/2001 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NOT YET TRANSACTED RUSINESS IN FLORIDA
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.470 MIDWEST ROAD, TORONTO, ONTARIO, CANADA MIP 445
(Principal office address)
470 MIDWEST ROAD, TORONTO, ONTARIO, CANADA MIP 445
(Current mailing address)
8. ANY AND ALL PURPOSES AUTHORIZED UNDER MINNESOTA LAW (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: CT Corporation System
THE TOTAL PROPERTY OF THE PROP
Office Address: 1200 South Pine Island Road
Plantation , Florida 33324
(City) (Zip code)
10. Pegietavad agantie agantangas
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.
and t am jumatar with and accept the bougations of my position as registered agent.
Sohan Dindyal
Registered agent's signature)

- 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:

A. DIRE	CTORS											
Chairman:	ANDE	ZEW_	LEI	UGYEL				<u></u>	<u></u>			
	_			PON								
_			<u> </u>		·	_ 		<u> </u>	 	·		
Vice Chair	man:	<u> </u>		<u>:-/</u>	<u>. '</u>							
Address: _		_ 								· <u>-</u> -		
				<u> </u>		<u> </u>			· · · · · · · · · · · · · · · · · · ·			
Director: _		<u>-</u>	-	·_	·		<u></u>	· · ·	<u>-</u>			<u></u>
Address: _		<u> </u>		<u> </u>			<u> </u>	<u> </u>	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
						. ,			5 2			· ·
Director: _		<u></u>	<u> </u>	=					·	·		
Address: _				<u>-,</u> .	<u> </u>			•	<u> </u>			·
				<u> </u>		<u> </u>					<u></u>	
B. OFFIC	CERS											
President:	ANDR	EW	IFN	GYEL	-					_		
Address: _	_											
				··-	•				•			
C.E.C Vice Presid												
Address: 1											_	
				<u></u>				•				
VICE P	ZES IDE	ENT:	GD	PV :	I EN	KYEI						
Address: 4	470 N	NDW	ECT	ROAN	١.	TOP	ATTO	DAI	CAN	ΔΩΔ	MIP	475
Treasurer:						<u>, </u>	N CX					
Address:					.,		ų.		- 			
	7/	7			·							 :
NOTE:	necessary	you may	attach ar	addendum	to the	application	n listing	additional	officers a	nd/or dire	ectors.	
13	1,1	MA	Lu	ctor or Off		 						
	^	1/			ficer lis	sted in nur	nber 12 o	f the appli	cation)			
14.	TEK	(Typed	SHEL or printe	d name an	d capa	city of per	son signi	ng applica	tion)	•		

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

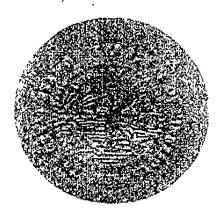
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Fortran Traffic Systems, Inc.

Date Formed: 08/09/2001

Chapter Governed By: 302A

This certificate has been issued on 07/27/05.



Mary Hiffmager Secretary of State.