F03000005186

| (Request | or's Name) | |
|--------------------------------|-----------------|--------|
| | | |
| (Address | | |
| | | |
| (Address) | | |
| | | |
| (City/Stat | e/Zip/Phone #) | |
| | _ | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Business | Entity Name) | |
| · | . , | |
| (Docume | nt Number) | |
| (20040 | | |
| Certified Copies | Cartificator of | Status |
| Certified Copies | Certificates of | otatus |
| | | |
| Special Instructions to Filing | Officer: | |
| | | İ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

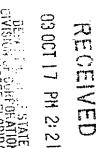
Office Use Only



300023499073

10/17/03--01059--016 **70.00

SEE FLORIDA





CT CORPORATION

October 17, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399 OS OCT 17 PM 18-39

Re:

Order #: 5955226 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

CCG Facilities Integration Incorporated (MD) Qualification Florida

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

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

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley_Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 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 1. CCG Facilities Integration Incorporated (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. Maryland (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 02/22/1994 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. Upon qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7 1500 S. Edgewood Street, Baltimore, MD 21227 (Principal office address) 1500 S. Edgewood Street, Baltimore, MD 21227 (Current mailing address) 8 Professional Engineering and Architectural services (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) C T Corporation System Name: Office Address: 1200 South Pine Island Road , Florida (City) 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 (Registered agent's signature)

nnifer A. Schwartz, Assistant Vice President

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

12. Names and business addresses of officers and/or directors:

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

| A. DIRECTORS |
|----------------------------------------------------------------------------------------------------------------------|
| Chairman: Bruce Edwards |
| Address: 1500 S. Edgewood Street |
| Baltimore, Maryland 21227 |
| Vice Chairman: Michael J. Mosman |
| Address: 1500 S. Edgewood Street |
| Baltimore, Maryland 21227 |
| Director: |
| Address: |
| |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: Bruce Edwards |
| Address: 1500 S. Edgewood Street |
| Baltimore, Maryland 21227 |
| Vice President: Michael J. Mosman |
| Address: 1500 S. Edgewood Street |
| Baltimore, Maryland 21227 |
| Secretary: |
| Address: |
| 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. Bruce Edwards, President (Typed or printed name and capacity of person signing application) |

STATE OF MARYLAND

Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CCG FACILITIES INTEGRATION INCORPORATED IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 16, 2003.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097