



THE UNITED STATES  
CORPORATION  
COMPANY

F00000000158

ACCOUNT NO. : 072100000032

REFERENCE : 514882 5062177

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 70

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JAN -3 AM 11:31

ORDER DATE : December 14, 1999

ORDER TIME : 9:59 AM

ORDER NO. : 514882-015

CUSTOMER NO: 5062177

800003074268--0

CUSTOMER: Mr. David W. Wholey  
Oao Technology Solutions, Inc.  
7500 Greenway Center Drive  
16th Floor  
Greenbelt, MD 20770

FOREIGN FILINGS

NAME: OAO HEALTHCARE SOLUTIONS,  
INC.

6

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 DEC 17 PM 3:24

BK  
11/11/00



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JAN -3 AM 11:31

December 20, 1999

CHRISTINE LILLICH  
CSC NETWORKS  
TALLAHASSEE, FL

SUBJECT: OAO HEALTHCARE SOLUTIONS, INC.  
Ref. Number: W99000028926

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for OAO HEALTHCARE SOLUTIONS, INC.  
and the authorization to debit your account in the amount of \$70.00. However,  
the document has not been filed and is being returned for the following:

Please state a PURPOSE for the corporation in Item 8.,

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 487-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 599A00059455

1/3/00

RECEIVED  
00 JAN 10 PM 4:05  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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  
FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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1. 0AO HEALTHCARE SOLUTIONS, INC.  
(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. CALIFORNIA  
(State or country under the law of which it is incorporated)
3. 95-4659947  
(FEI number, if applicable)
4. 11/13/1997  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. 11/15/1999  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 7500 GREENWAY CENTER DR, 16TH FLOOR  
GREENBELT, MD 20770  
(Current mailing address)
8. All legal purposes allowed by 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 or Mail Drop Box **NOT** acceptable)  
Name: CORPORATION SERVICE COMPANY  
Office Address: 1201 HAYS STREET  
TALLAHASSEE, Florida, 32301  
(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.*

Laura R. Perry

(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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)  
SEE STATEMENT 1 ATTACHED

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

Chairman: SEE STATEMENT 1 ATTACHED

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: SEE STATEMENT 1 ATTACHED

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. \_\_\_\_\_

*A. Christopher Ducones Secretary*

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

14. \_\_\_\_\_

*A. Christopher Ducones - Secretary*

(Typed or printed name and capacity of person signing application)

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**OA0 HealthCare Solutions, Inc.  
Officers and Directors**

Name and Address	Title
Gregory A. Pratt 7500 Greenway Center Drive, 16 <sup>th</sup> Floor, Greenbelt, Md 20770	President and Director
Revell Lamprecht 6300 Canoga Avenue, Suite 550, Woodland Hills, CA 91367	Vice President
J. Jeffrey Fox 7500 Greenway Center Drive, 16 <sup>th</sup> Floor, Greenbelt, Md 20770	Vice President and CFO
A. Christopher Ducanes 7500 Greenway Center Drive, 16 <sup>th</sup> Floor, Greenbelt, Md 20770	Secretary
Donald F. Ross 7500 Greenway Center Drive, 16 <sup>th</sup> Floor, Greenbelt, Md 20770	Director
Christine M. Hazell 7500 Greenway Center Drive, 16 <sup>th</sup> Floor, Greenbelt, Md 20770	Director

# State of California



## SECRETARY OF STATE

### CERTIFICATE OF STATUS DOMESTIC CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JAN -3 AM 11:31

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That on the 13th day of November, 19 97,

OAO HEALTHCARE SOLUTIONS, 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 day of

December 15, 1999



*Bill Jones*

Secretary of State