COREEN L. BOYCE

ATTORNEY

300003242613--9 -05/08/00--01093--008 \*\*\*\*\*87.50 \*\*\*\*\*87.50

င်

1: 52

May 5, 2000

Florida Department of State Qualification/Tax Lien Section Division of Corporations P.O. Box 6237 Tallahassee FL 32314

Re:

ISO Staff Services, Inc.

Dear Sir:

Please find enclosed a completed Application in duplicate for a Certificate of Authority of a Foreign Corporation to transact business in this state. The requisite fee is also enclosed. Kindly process these forms and issue written confirmation of this filing and/or a certificates of good standing utilizing the self addressed envelope enclosed for its return. You may contact me directly with your questions or comments with respect to this matter.

Thank you.

Very truly yours,

Coreen L. Boyce

**Enclosures** 

Floridaisossfiling.doc

### TRANSMITTAL LETTER

| To: Qualification/T<br>Division of Co  | ax Lien Section rporations                                  |  |  |
|--|---|--|--|
| SUBJECT: TSO ST  | AFF SERVICES, IN  | •  |  |
|  | (Name o   | of corporation - must include suffix)  |  |
| Dear Sir or Madam:   |   |  |  |
| The enclosed "Applicati and check are submitted  | on by Foreign Corporation for to register the above referen | or Authorization to Transact Business<br>ced foreign corporation to transact bu    | in Florida", "Certificate of Existence" siness in Florida.   |
| Please return all corresp  | ondence concerning this mat                                 | ter to the following:  |  |
|  | John McCarthy,  | Controller   |  |
|  | John McCarthy,  | (Name of Person)   |  |
| _  | ISO Staff Servi   | ces, Inc.  | ·- ··  |
|  |   | (Firm/Company)   |  |
|  | 7 World Trade C   | Center   |  |
|  |   | (Address)  | 5.6  |
|  | New York, NY 10   | 048  |  |
|  |   | (City/State/Zip)   |  |
| Chould you need to call  |   |  |  |
| Should you need to call s  | someone concerning this mat                                 | ter, please call:  | 21. mg   |
| John McCarthy  | , Controller_   | at 212-898-5617  | A TOTAL CONTRACTOR OF THE PARTY |
|  | of Person)  | (Area Code & Daytime Telep   | hone Number)   |
|  |   |  |  |
| STREET ADDRESS:  |   | MAILING ADDRI  | ESS:   |
| Qualification/Tax Lien S<br>Division of Corporations<br>409 E. Gaines St.<br>Tallahassee, FL 32399 |   | Qualification/Tax L<br>Division of Corpora<br>P.O. Box 6327<br>Tallahassee, FL 323 | tions  |
| Enclosed is a check for the  | he following amount:  |  |  |
| \$70.00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status                  | \$78.75 Filing Fee & Certified Copy  | \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

| (Name of cor<br>abbreviations | <b>1</b> '  | ED", "COMPANY", "CORPORATION" or words or that it is a corporation instead of a natural person or  |  |
|-------------------------------|---|--|--|
| . Delawar                     | re  | 3. 06-0566106 (FEI number, if applicable)  |  |
| (State or c                   | country under the law of which it is incorporated)  | (FEI number, if applicable)  |  |
| ł                             | 12/1/99 5.  | Perpetual  (Duration: Year corp. will cease to exist or "perpetual")   |  |
| (Date of incorporation)       |   | (Duration: Year corp. will cease to exist or "perpetual")  |  |
| <b>5</b> .                    | 1/1/0   | 00   |  |
| (                             | Date first transacted business in Florida.) (SEE SE | CTIONS 607.1501, 607.1502 and 817.155, F.S.)   |  |
|                               | Trade Center.                                       |  |  |
| New Yor                       | ck, NY 10048  |  |  |
|                               | (Current maili                                      | ing address)   |  |
| 8. See Attached               |   |  |  |
|                               | (Purpose(s) of corporation authorized in home state | e or country to be carried out in state of Florida)  |  |
| ). Name and s                 | treet address of Florida registered agent: (P.O. B  | Box or Mail Drop Box NOT acceptable)   |  |
| Name:                         | William T. Brown, Manager                           | — Association of the second of |  |
| ffice Address:                |   |  |  |
|                               | Jacksonville,                                       | , Florida, 32256-9556  |  |
|                               |   | (Zip code)   |  |
| ). Registered a               | 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.

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 Attached

| A. DIRECTORS (Street address only - P.O. Box NOT acceptable)                    |  |
|---|--|
| Chairman: See Attached  |  |
| Address:  |  |
|   | THE CONTROL OF THE CO |
| Vice Chairman:  |  |
| Address:  |  |
|   |  |
| Director:   |  |
| Address:  |  |
|   |  |
| Director:   |  |
|   |  |
| Address:  |  |
|   |  |
| B. OFFICERS (Street address only - P.O. Box NOT acceptable)                     |  |
| President: See Attached,  |  |
| Address:  |  |
|   |  |
| Vice President:   |  |
| Address:  |  |
|   |  |
| Secretary:  |  |
| Address:  |  |
|   | Ed. 2  |
| P   |  |
| Treasurer:  | · • • • • • • • • • • • • • • • • • • •  |
| Address:  |  |
|   |  |
| NOTE: If necessary, you may attach an addendum to the application listing addit | tional officers and/or directors.  |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed                | in number 12 of the application)   |
| ,   | in number 12 of the application)   |
| 14. John McCarthy, Controller  (Typed or printed name and capacity of person s  | igning application)  |

### ISO Staff Services, Inc.

#### Attachment-Florida

Officers:

Name Title Address

Frank Coyne President 7 World Trade Center, New York, NY 10048
Joe Giasi Vice-President & General Counsel 7 World Trade Center, New York, NY 10048

James Langell Secretary 7 World Trade Center, New York, NY 10048

Ken Geraghty Vice President-Finance 7 World Trade Center, New York, NY 10048

John McCarthy 7 World Trade Center, New York, NY 10048

Director:

Name Address

Fred Marcon 7 World Trade Center, New York, NY 10048

Purpose of the corporation in transacting business:

The purpose of the corporation is to engage in any and all lawful business in which corporations may engage in the state, province or country under whose law the foreign corporation is incorporated.

## State of Delaware

PAGE 1

# Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ISO STAFF SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF APRIL, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE

Edward J. Freel, Secretary of State

DATE:

3130574 8300

AUTHENTICATION:

0402768

04-26-00

001212232