

ACCOUNT NO. : 072100000032

REFERENCE :

588<u>91</u>0. 4

4381386L

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : May 8, 2000

ORDER TIME : 3:45 PM

ORDER NO. : 688910-015

CUSTOMER NO:

4381386

CUSTOMER: Allan L. Wolf, Cpa

Singer, Wolf, Mongelli, P.a.

1035 Route 46 East P. O. Box 1939 Clifton, NJ 07015

FOREIGN FILINGS

NAME:

INTEGRATED SYSTEMS & SERVICES

HOLDING COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Pollye Janisse

OO JUN-7 PH 4: 41

DEPARTMENT OF STATE
ON STATE
TALLAHASSEE, FLORIDAS

600003280816--8_

nx 6/

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.

	MEION COM OMITTON TO		22 1	7 T 7 T 7 T 7 T 7 T 7 T 7 T 7 T 7 T 7 T	0
	SYSTEMS & SERVICES F				<u> </u>
(Name of corpo	oration; must include the word "I viations of like import in language	NCORPORATED", "CO	MPANY", "CORPORA that it is a corporation it	.TION" or estead of a	·
natural person o	r partnership if not so contained i	n the name at present.)	that it is a corporation is	,	
-					
2. NEW JERSE	Υ .	3. 2	2-3559079	= .	
(State or countr	y under the law of which it is in	corporated)	(FEI number, i	f applicable)	
4, 12/30/97		5. PERPETUAL	1		
	te of incorporation)	(Duration:	Year corp. will cease to	exist or "perpetual")	
6. Upon qual	ification				
(Date firs	t transacted business in Florida.) (SEE SECTIONS 607	7.1501, 607.1502 and 8	(7.155, F.S.)	*** *** **** *************************
, 150 CLOVE	ROAD LITTLE FALLS,	NJ 07424	 - <u></u>		
/•					
<u> </u>	(Curre	ent mailing address)			
	Curre	in maining accessory			
COMPUTER 8.	CONSULTING SERVICES	-	- 1844	and a state of the second second	रका अस्य अर्थ िकीयो असि स्ट ार स्ट्रीओ
	e(s) of corporation authorized in	home state or country t	o be carried out in state	of Florida)	
` -	reet address of Florida regi				
9. Name and si			Box of Mail Drop Bo	A <u>MOI</u> acceptable)	
Name:	Corporation Service	Company			eres comment e
	1201 Hays Street			<u>.</u>	<u> </u>
Office Address:		<u> </u>			1 1
	Tallahassee		, Florida, 32301		
			(Zip code)	•	
10 Registered	agent's acceptance:				_
•	- "		C. 47		naine atad in
this application. I	ed as registered agent and to ac hereby accept the appointment	as registered agent and	agree to act in this cap	acity. I further agree t	o comply
with the provision	is of all statutes relative to the p	roper and complete perj	formance of my duties,	and I am familiar with	and accept
the obligations of	my position as registered agent. CQrpOxation_Ser	rai de Rompany			
	By: TR ME	D. M.	Qon		
	(Re	gistered agent's signatu	re)		•
11. Attached is a	certificate-of-existence duly auti	henticated, not more tha	n 90 days prior to delive	ery of this application to	the
Department of Sta	ate, by the Secretary of State or o	other official having cus	tody of corporate record	is in the jurisdiction und	der the law of
which it is incorp	orated.				

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)	8
Chairman:	See attached officers/directors_rider	
Address: _		<u>」 </u>
- Vice Chaiп	man:	14 0: 06 14 101
Address: _		U,
_ Director: _		
Address: _		
- Director: _		
Address: _		
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)	
President: _	See attached officers/directors rider	<u> </u>
Address: _		
 Vice Presid	ent:	
- Secretary:		
 Prescurer		
Address: _		
- NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.	
4	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)	

* .

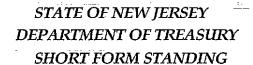
2

INTEGRATED SYSTEMS & SERVICES HOLDING COMPANY

Schedule of Shareholders

Shareholder Name and Address	Social Security Number	Percentage of Ownership	TITLE 2
Glenn Weinstein 642 Cobb Road River Vale, NJ 07675	117-50-2908	30.00%	TREAS/SEC O
Andrew Weinstein 11 Noble Street Parsippany, NJ 07054	117-50-2899	30.00%	PRES
Simon Shevelev 352 Lakeview Drive Wyckoff, NJ 07481	078-66-7993	30.00%	V.P.
Allison Skopin 32 Ackerman Drive Mahwah, NJ 07430	141-56-7607	5.00%	DIRECTOR
Jeffrey Skopin 32 Ackerman Drive Mahwah, NJ 07430	132-58-2052	5.00%	DIRECTOR

100.00%



INTEGRATED SYSTEMS & SERVICES HOLDING COMPANY
With the Previous or Alternate Name
INTEGRATED SYSTEMS & SERVICES GROUP

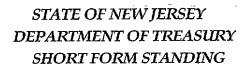
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 1, 1998.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Glenn Weinstein 150 Clove Road Little Falls, NJ 07424

Continued on next page . . .



INTEGRATED SYSTEMS & SERVICES HOLDING COMPANY
With the Previous or Alternate Name
INTEGRATED SYSTEMS & SERVICES GROUP

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of May, 2000

00 JUN -7 AM 10: 06

Rdams mmachuls

Roland M Machold Treasurer