ECCCCCCCCCQ 41934. TRANSMITTAL LETTER

To:	Registration of	on Section of Corporations	-			
SUBJ	ECT:	PRAESES CORPORATION				
		(Name of corporation	- must include suffix)		
Dear S	Sir or Madan	n:				
"Certi	nclosed "App ficate of Exi ct business in	plication by Foreign Corporation for A stence", and check are submitted to regate for the control of the contro	uthorization to Transgister the above refere	act Business in Florida", enced foreign corporation to		
Please	return all co	orrespondence concerning this matter to	the following:			
		LESHA COFFIELD STAFF ACCOU	NTANT			
		(Name of F	erson)			
		PRAESES CORPORATION				
	***************************************	(Firm/Com	pany)			
		330 MARSHALL STREET, 8TH FLO	OR	*****70.00 ******70.0		
		(Addre	ss)			
		SHREVEPORT, LOUISIANA 71101				
		(City/State	/Zip)			
Should	l you need to	call someone concerning this matter,	please call:			
LE	SHA COFFI	ELD at (318	841–3158	purmey sometimes		
	(Name of	at \	ode & Daytime Teler	phone Number)		
STRE	ET ADDRE	SS:]	MAILING ADDRES	ss:		
	ation Section		Legistration Section	7/26		
Division of Corporations 409 E. Gaines St.			Division of Corporation	ons		
	essee, FL 32		P.O. Box 6327 Fallahassee, FL 3231	4		
Enclose	ed is a check	for the following amount:				
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ Certificate of Status			78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &		

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	PR	AESES CORPORATION					
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or							
		eviations of like import in or partnership if not so co				poration instead of a	1
21444	luz pezoon	or parasersmp is not so co	mamed in the na	me at pres	cm.,		
2.	GE	ORGIA		3	FEDERAL ID #	721180864	
(State		y under the law of which	it is incorporated			mber, if applicable)
1 .	10	/18/90	5.	PERI	PETUAL		
		ate of incorporation)			n: Year corp. will c	ease to exist or "per	rpetual")
i	5/2						
(Date	first trans	acted business in Florida. (SEE S	If corporation h SECTIONS 607.	as not tran 1501, 607.	sacted business in F 1502 and 817.155, F	lorida, insert "upon .S.)	qualification.")
. a	330	O MARSHALL STREET,	8TH FLOOR,	SHREVE	PORT, LA 71101		
			(Principal office	address)			
b	330	O MARSHALL STREET,	8TH FLOOR,	SHREVE	PORT, LA 71101		0
			(Current mailing	g address)	the state of the	17	
A TTF	euon ra ei	א ער מאוווות איניים א	DIZANICIPO ATD	GOT TIME	N DDONIGO	ATD WITMEN	T CHICATELES
AU.		D DISTRIBUTOR OF A				· ·	N 2121FWZ
	(Purpose	(s) of corporation authoriz	ed in home state	or country	y to be carried out in	state of Florida)	المستعدد المستعدد
Nan	e and <u>st</u> r	<u>reet address</u> of Florida	registered age	at: (P.O.	Box or Mail Drop	Box NOT accept	able)
Name:		CT CORPORATION				ر - بعد الرابع الرابعة	
ffice Address:		1200 S. Pine Isl	and Road	 -			•
		Plantation			33324 Florida_		
				 	(Zip cod	ie)	
\ D ~	ristanad a	gent's acceptance:					
/. Ke	gistereu a	gent s'acceptance:					
aving i	been name	ed as registered agent and	to accept service	e of proces	ss for the above state	ed corporation at th	ie place designate
this a	oplication,	. I hereby accept the appo	intment as regist	tered agen	t and agree to act in	t this canacity. I fu	rther goree to
id acce	pt the obli	ovisions of all statutes rel igations of my position as	registered ageni	er unu coi	npiete perjormance	of my auties, and I	am familiar with
		•/1 -	e Jour	2	Vivianno	e Jones	
			Registered agent	's signatur	iol	Assistant Secret	ary
		,		- 0.51111111	`		

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. DIRECTORS Chairman: _ SCOTT P. SEALY Address: 13355 NOEL ROAD, SUITE 1815, DALLAS, TEXAS 75240 Vice Chairman: Address: __ Director: FRANK B. BAZZEL Address: ____3343 PEACHTREE STREET, SUITE 1600, ATLANTA, GEORGIA 30326 Director: Address: B. OFFICERS President: RICHARD H. WRIGHT Address: 330 MARSHALL STREET, 8TH FLOOR, SHREVEPORT, LOUISIANA 71101 CEO: FRANK M. AUER Address: _____330 MARSHALL STREET, 8TH FLOOR, SHREVEPORT, LOUISIANA 71101 Secretary: FRANK M. AUER Address: ____ SAME AS ABOVE Treasurer: FRANK M. AUER Address: _____SAME AS ABOVE NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Frank M. Fuu.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) FRANK M. AUER -

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

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 001720773

CONTROL NUMBER : K019329

DATE INC/AUTH/FILED: 10/18/1990

JURISDICTION : GEORGIA

PRINT DATE : 06/20/2000

FORM NUMBER : 211

PRAESES CORPORATION
ATTN: LESHA COFFIELD
330 MARSHALL ST, 8TH FLOOR
SHREVEPORT, LA 71101

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PRAESES CORPORATION _ _ _ A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State