ACCOUNT NO.

: 072100000032

REFERENCE : 848791

4351650

AUTHORIZATION

ORDER DATE: September 29, 2000

ORDER TIME : 11:13 AM

ORDER NO: : 848791-010

CUSTOMER NO: 4351650

CUSTOMER: Mr. Steve Marshall

CUSTOMER: Mr. Steve Marshall

Leboeuf Lamb Greene & Macrae

<u>-</u> Suite 2800

50 North Laura Street

Jacksonville, FL 32202-3650

FOREIGN FILINGS

NAME: IDEA INTEGRATION CORP.

XXXX_ QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF

FILING:

XX ___ CERTIFIED COPY

____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

900003411089--1

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.

REGISTER A FOREIGN COLD CALLED	- · · · · · · · · · · · · · · · · · · ·
1. Idea Integration Corp.	"INCORPORATED", "COMPANY", "CORPORATION" or lage as will clearly indicate that it is a corporation instead of a ed in the name at present.)
(Name of corporation; must include the word	"INCORPORATED", "COMPANY", "CORPORATION" or lage as will clearly indicate that it is a corporation instead of a ed in the name at present.)
	age as will clearly indicate and an age as will clearly indicate and in the name at present.)
natural person or partnership if not so contain	
7 7 -7	incorporated) 3. 59-3621566 (FEI number, if applicable)
2. Delaware	incorporated) (FEI number, if applicable)
(State of country under the	The state of the s
4. 12/21/99	5. Perpetual (Duration: Year corp. will ceas e to exist or "perpetual")
4. 12/21/99 (Date of incorporation)	(Duration: Teat corp. With com-
6. Upon Qualification	corporation has not transacted business in Florida, insert "upon qualificat ion.") 3CTIONS 607.1501, 607.1502 and 817.155, F.S.)
(SEE SE	SCTIONS 607.1501, 607.1502 and 817.155, F.S.)
•	
7. One Independent Drive, Ja	cksonville, Florida 32202 Principal office address)
· ==== - · · · · · · · · · · · · · · · ·	Principal office address)
a tilesendent Drive. Ja	cksonville, Florida 32202
One Independent Differ (C)	rrent mailing address)
•	
8. Any and all legal purpose	in home state or country to be carried out in state of Florida)
(Purpose(s) of corporation authorized	III none same of course, in
O. Name and street address of Florida	registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Corporation Serv	vice Company
Office Address: 1201 Hays Stree	
<u>Tallahassee</u>	, Florida <u>32301</u> (Zip code)
(City)	
to be determed agent's accentance:	and the place
10. Registered agent's acceptance.	t and to accept service of process for the above stated corporation at the place
designated in this application, I hereby	t and to accept service of process for the above stated corporation in this capacity. It accept the appointment as registered agent and agree to act in this capacity. It is not all statutes relative to the proper and complete performance of my
further agree to comply with the provis	saccept the appointment as registered agent and agree to arrive and selections of my sions of all statutes relative to the proper and complete performance of my art the obligations of my position as registered agent.
duties, and I am familiar with and acc	ept the obligations of my position as registered agent.
	BRIAN COURTNEY, ASST. V.P.
<	(Registered agent's signature) as its egent
/ -	A 1-12-jour of this application t
11. A Hoched is a certificate of existen	ce duly authenticated, not more than 90 days prior to delivery of this application to the delivery of the purisdiction of State or other official having custody of corporate records in the jurisdiction of State or other official having custody of corporate records in the jurisdiction of State or other official having custody of corporate records in the jurisdiction of the state o
11. Attached is a continue of the Secreta	ary of State or other official having custody of corporate records in the justice are of the property of the p

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.

1-1-	* *			
Na	mes an	d busine	ess addr	esses of o

fficers and/or directors: A. DIRECTORS Chairman: See Attached Rider Address: _____ Vice Chairman: _____ Address: ___ Director: __ Address: _ Director: _ Address: __ B. OFFICERS Vice President: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John L. Marshall III, Senior Vice President

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

IDEA INTEGRATION CORP.

OFFICERS/DIRECTORS RIDER

OFFICERS

NAME TITLE ADDRESS

Timothy D. Payne Chief Executive Officer One Independent Drive

Jacksonville, FL 32202

Alan Snyder President and Chief Operating One Independent Drive

Officer Jacksonville, FL 32202

Robert P. Crouch Senior Vice President, CFO One Independent Drive

and Treasurer Jacksonville, FL 32202

Pamela R. Krulitz Senior Vice President One Independent Drive

Jacksonville, FL 32202

John L. Marshall III Senior Vice President, One Independent Drive

General Counsel and Secretary Jacksonville, FL 32202

DIRECTORS

NAME ADDRESS

Timothy D. Payne One Independent Drive

Jacksonville, Florida 32202

Derek E. Dewan One Independent Drive

Jacksonville, Florida 32202

Peter J. Tanous One Independent Drive

Jacksonville, Florida 32202

John R. Kennedy One Independent Drive

Jacksonville, Florida 32202

JK158901

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "IDEA INTEGRATION CORP." 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-NINTH DAY OF
SEPTEMBER, A.D. 2000.

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

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

PN 3: 32 OF STATE EE, FLORIDA

dward J. Freel, Secretary of State

3146921 8300

AUTHENTICATION: 0708444

DATE: 09-29-00

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