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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

MJH

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-10/17/00--01074--006
****120.00 *****70.00

SUBJECT: THE TRAF GROUP, INC.
(Name of corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PATRICIA GENOVAY
(Name of Person)

THE TRAF GROUP, INC.
(Firm/Company)

80 W. UPPER FERRY RD., SUITE 1
(Address)

W. TRENTON, NJ 08628-2736
(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 17 AM 10:24

Should you need to call someone concerning this matter, please call:

BOBBIE-JEAN CHASE
(Name of Person)

at (952) 928-8000 ext. 233
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
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 A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. THE TRAF GROUP, 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. NEW JERSEY — 222-679-497
(State or country under the law of which it is incorporated) — (FEI number, if applicable)

4. 11/13/1985 — PERPETUAL
(Date of Incorporation) — (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 80 WEST UPPER FERRY ROAD, SUITE 1 WEST TRENTON NJ 08628-2736
(Current mailing address)

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8. DEBT COLLECTIONS
(Purpose(s) of corporation authorized in home state or country to be carried out in the 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 ST.

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.

(Registered agent's signature) TRUMAN PERRY/AVP

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)

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

Chairman: NONE

Address: _____

_____

Vice Chairman: NONE

Address: _____

_____

Director: NONE

Address: _____

_____

Director: NONE

Address: _____

_____

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

President: PATRICIA GENOVAY

Address: 80 WEST UPPER FERRY ROAD, SUITE 1

WEST TRENTON NJ 08628-2736

Vice President: SERA CANTO

Address: 80 WEST UPPER FERRY ROAD, SUITE 1

WEST TRENTON NJ 08628-2736

Secretary: RAYMOND TRAINER

Address: 80 WEST UPPER FERRY ROAD, SUITE 1

WEST TRENTON NJ 08628-2736

Treasurer: _____

Address: _____

_____

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

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

14. PATRICIA GENOVAY, PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

THE TRAF GROUP, INC.

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 November 13, 1985.

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:

Raymond E Trainer
80 W Upper Ferry Rd Ste 1
West Trenton, NJ 08628

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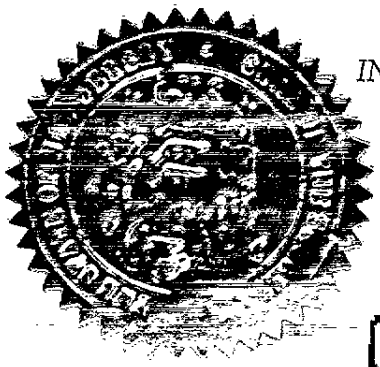
STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

THE TRAF GROUP, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of September, 2000

Roland M Machold

Roland M Machold
Treasurer