



THE UNITED STATES  
CORPORATION  
COMPANY

# F000000006043

ACCOUNT NO. : 0721000000032

REFERENCE : 855310

AUTHORIZATION :

COST LIMIT : \$ 70.00

5051662  
Patricia  
SECRETARY OF STATE  
FLORIDA  
OCT 17 PM 3:10  
FILED

ORDER DATE : October 5, 2000

ORDER TIME : 1:36 PM

ORDER NO. : 855310-085

CUSTOMER NO: 5051662

CUSTOMER: Ms. Julie Turek  
Crassociates, Inc.  
8580 Cinderbed Road  
Suite 2400  
Newington, VA 22122

8000003427988--7

COPAFURP

FOREIGN FILINGS

NAME: CRASSOCIATES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

BM  
10/30



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 17, 2000

JANNA WILSON  
CSC  
TALLAHASSEE, FL

SUBJECT: CRASSOCIATES, INC.  
Ref. Number: W00000025094

**RESUBMIT**  
Please give original  
submission date as file date.

FILED  
00 OCT 17 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CRASSOCIATES, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 500A00054528

RECEIVED  
DIVISION OF CORPORATIONS  
00 OCT 27 PM 2:28  
NOT RECALLED  
TO AGENCY OF FILING

## RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned John R. Wetherell, do hereby certify that this Resolution of the Board of Directors of CRAssociates, Inc. a corporation duly organized and existing under the laws of the State of DE, was duly adopted on October 23, 2000.

Be it resolved, that CRAssociates, Inc. organized and existing in the State of DE, hereby adopts the name *CRA, Inc.* for use in the State of Florida.

Date:

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00 OCT 17 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*John R. Wetherell*

Chairman, Vice Chairman or any officer

John R. Wetherell, CFO

Type or Print Name

**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. CRAssociates, 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. Delaware 3. 54-1870480  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/23/97 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 02/07/2000  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 8580 Cinderbed Rd., #2400, Newington, VA 22122  
(Principal office address)  
(Same as principal office address)  
(Current mailing address)
- Health-care related management & consulting services.
8. \_\_\_\_\_  
(Purpose(s) of corporation authorized in home state or country to be carried out in 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 Street  
Tallahassee, Florida 32301  
(City) (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.*

Corporation Service Company  
Laura R. Dunlap  
(Registered agent's signature)

**Laura R. Dunlap**  
**as its 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.

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OCT 17 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: See attached officers/directors rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_


Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

14. Charles H. Robbins, CEO/President  
(Typed or printed name and capacity of person signing application)

## OFFICERS/DIRECTORS RIDER

GA-Application for Certificate of Authority for Foreign Corp.

CRAssociates, Inc.

### List of Officers

Name: Charles H. Robbins Title: CEO/President  
Bus. Addr.: 8580 Cinderbed Road, #2400, Newington, VA 22122

Name: Charles B. Robbins Title: SR. Exec VP  
Bus. Addr.: 8580 Cinderbed Road, #2400, Newington, VA 22122

Name: John R. Wetherell Title: CFO  
Bus. Addr.: 8580 Cinderbed Road, #2400, Newington, VA 22122

Name: Michael D. Starr Title: COO  
Bus. Addr.: 8580 Cinderbed Road, #2400, Newington, VA 22122

### List of Directors

Name: Charles H. Robbins Term:  
Bus. Addr.: 8580 Cinderbed Road, #2400, Newington, VA 22122

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRASSOCIATES, 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 THIRTEENTH DAY OF OCTOBER, 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 TAXES HAVE BEEN PAID TO DATE.

FILED  
00 OCT 17 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Edward J. Freel*  
\_\_\_\_\_  
Edward J. Freel, Secretary of State

2799577 8300

AUTHENTICATION: 0732846

001517009

DATE: 10-13-00