## F01000001465

## TRANSMITTAL LETTER

TO: Registration Sec Division of Corp		*	
SUBJECT: $D_{v_1}$	NCAN Data, INC	۷	
<u></u> -	(Name of corpo	oration - must include suffix)	
Dear Sir or Madam:		. ;	100003853871 -03/15/0101045011 *****87.50 *****87.5
The enclosed "Applicati "Certificate of Existence to transact business in Fl	e", and check are submitte	n for Authorization to Transa d to register the above refere	ct Business in Florida".
Please return all correspo	ondence concerning this n	natter to the following:	
Gregory T.	Nani		
	(Nar	me of Person)	
Duncan Data,	INC.		
	(Firm	n/Company)	
271 Route	46 West Suite	· Eloi	
	46 West Suite	Address)	
- Fair Field . A	11 07004		
		tate and Zip code)	<u> </u>
	· ·	<u>-</u> ,	
For further information of	concerning this matter, ple	ase call:	
(Name of Person	at ( <u>9</u>	73 ) 244-8400 Lrea Code & Daytime Teleph	<b>意思 第</b> 元
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	1
Enclosed is a check for th	ne following amount:		inte
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & 3   9 Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

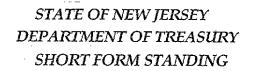
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Duncon Data, TNC.	
(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.)	
. New Jersey 3. 13-3702135 (FEI number, if applicable)	~
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
Date of incorporation)  5	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")	
(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.)	
. 271 Route 46 West Fair Field N. 1 07004 Swite Floi	
. 271 Route 46 West Fair Field NJ 07004 Suite El 01 (Principal office address)	
271 Route 46 Suite E 101 Fair Field, NJ 07004  (Current mailing address)	
(Current mailing address)	-
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: Brett Ugles  Office Address: 200 Fxecutive Way Suite 211  Ponte Vedra Reach , Florida 32082  (City) (Zip code)  ORegistered agent's acceptance:  Laving been named as registered agent and to accept service of process for the above stated corporation at the plan	П
Office Address: 200 Executive Way Suite 211	
	1
Ponte Vedra Reach, Florida 32082 (City) (Zip code)	$\supset$
(City) (Zip code) $Ω$ $ω$	
O Provintend and the second and the	
O. Registered agent's acceptance:  Laving been named as registered agent and to accept service of process for the above stated corporation at the pla	
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity	ce v. 1
irther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	
uties, and I am familiar with and accept the obligations of my position as registered 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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	Processing and the second seco
Address:	The second secon
Director:	<u> </u>
Address:	-
Director:	
Address:	
B. OFFICERS	
President: Michael Moran	
Address: 45 Fuller Court	——————————————————————————————————————
Budgewater NJ 08807	
Vice President:	
Address:	
	<u> </u>
Secretary:	A
Address:	
Treasurer: Gregory T. Nappi	
Address: 29 Fourth Street Midland Pork, NJ 07432	
·	
NOTE: If necessary, you may attach an addendum to the application listing additional of	officers and/or directors.
13. Signature of Chairman, Xice Chairman, or any officer listed in number	12 of the application
	<del></del>
14. Gregory T Napp: CFO / Treesurer (Typed or printed name and capacity of person signing application)	ion)



DUNCAN DATA, 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 March 12, 1993.

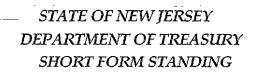
As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

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

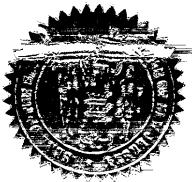
Micahel Moran 45 Fuller Court Bridgewater, NJ 08807

Continued on next page . . .

SECRETARY SECRETARY OF ALL



DUNCAN DATA, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of March, 2001

Mil Kaurance

Peter R Lawrance Acting State Treasurer SECHEDARY OF THE SECHED AND INS. IS PAR 9 41