# F01000001982

#### TRANSMITTAL LETTER

FO: Registration Section Division of Corporations	
SUBJECT: BUSINESS INTEGRATORS OF TECHNOLOGY, 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:	
Craig R. Finlayson	
(Name of Person)	
Swift & Finlayson	
(Firm/Company)	
803 S. Calhoun Street, Suite 500	
(Address)	_
Fort Wayne, Indiana 46802	
(City/State and Zip code)  30003985  -04/11/01-0  *****78.75	
Craig R. Finlayson at (219 ) 423-4422	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	15 & 4/12

### 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.

words or abbrev	ation; must include the word "INCORPOR intions of like import in language as will clear partnership if not so contained in the name	early	indicate that it i				
2. Indiana	1	3.	35-212	22910			
(State or countr	y under the law of which it is incorporated)			(FEI number	, if applica	ble)	
4. October	27, 2000	5.	_ _ perpetu	ıa l			
	e of incorporation)	٠	(Duration: Ye	ar corp. will o	cease to exi	ist or "perpeti	uai")
6,	2000 Qualification						
(Date first transa	cted business in Florida. If corporation has (SEE SECTIONS 607.1	not 1 501,	transacted busin 607.1502 and 8	ess in Florida 117.155, F.S.)	, insert "up	on qualificati	ion.")
7. <u>4010 Piper</u>	Drive, Fort Wayne, Indiana (Principal office	46 addr	5809 ess)				
4010 Piper	Drive, Fort Wayne, Indiana						<del></del>
	(Current mailing	addr	ess)				
(Purpose)  9. Name and str	Consultants s) of corporation authorized in home state of corporation authorized in home state of corporation authorized in home state of corporation and corporation are stated agents.		_				01 APR 1
Name:	Mark Koester	***	<del></del>				5 [
Office Address:	4468 Tumbleweed Trail				÷	eren in i	E C
	Port Orange		, Florida	32127			<u>ب</u>
	(City)	-	, , , , , , , , , , , , , , , , , ,	(Zip code)	)		0
Having been nan designated in thi further agree to	gent's acceptance: ned as registered agent and to accept s s application, I hereby accept the appo comply with the provisions of all status familiar with and accept the obligation	intn tes r	nent as registe elative to the p	red agent ar proper and c	nd agree t complete j	o act in this	capacity.

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:		der		
				<del>"</del> . <u>-</u>
Director: John A. Shelt	on		<del></del>	
Address: 5252 Stonehed	ge, Apt. 9, Fort Wayne,	Indiana 46835	50.	
			2.7	
	fall			
	ton Drive, Fort Wayne, I			
			_	
B. OFFICERS				
President: John A. She	Lton	in	75g 01	
Address: 5252 Stonehe	edge, Apt. 9, Fort Wayne,			1
				- <del>-</del> '/]
	<u>lestfall</u>			
	ington Drive, Fort Wayne			
Secretary: John K. W	estfall		==	
Address:7117 Chiv	<u>ington Drive, Fort Wayne</u>	, Indiana 46815	- padre	
Treasurer:John A. Sh				
Address:5252_Stoneh	edge, Apt. 9, Fort Wayne	. Indiana 46835		
NOTE: If necessary, you man	y attach an addendum to the applic	ation listing additional office		
(Signature of	Chairman, Vice Chairman, or any	officer listed in number 12 of	f the application)	
14John A. Shelton	n, President			
(1ype	d or printed name and capacity of	person signing application)		

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper office to execute this certificate.

I further certify that records of this office disclose that

#### BUSINESS INTEGRATORS OF TECHNOLOGY, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 27, 2000, and was in existence or authorized to transact business in the State of Indiana on April 4, 2001.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Fourth day of April, 2001.

SUE ANNE GILROY, Secretary of State

Sue anne Gilray