

F01000002409

CORPORATION(S) NAME

Applied Professional Services Inc.

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FILED
01 MAY -4 PM 3:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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05/04/01 01063--005
*****70.00 *****70.00

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of RA
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> CUS
<input type="checkbox"/> Photocopies	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

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Name _____
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W.P. Verifier _____

5/4/01

Order#: 4242287

Ref#: _____

Amount: \$ _____

NOT RECORDED
TO AGENCY OF FILING

2001 MAY -4 AM 11:23

RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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

1. APPLIED PROFESSIONAL SERVICES 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. WASHINGTON

(State or country under the law of which it is incorporated)

3. 91-172-041

(FEI number, if applicable)

4. JAN 12, 1996

(Date of incorporation)

5. PERPETUAL

(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. 640 NW GILMAN ROAD, SUITE 100, ISSAQUAH, WA 98027

(Current mailing address)

8. UTILITY LOCATING/AIR VACUUM UTILITY INVESTIGATION

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(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.

C T Corporation System

(Registered agent's signature)

JACK CASKEY, ASST V.P.

C. T. CORPORATION SYSTEM

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)

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

SEE ATTACHED

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

SEE ATTACHED LIST

President: _____

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

14. WILLIAM D. MASSENGILL, PRESIDENT
(Typed or printed name and capacity of person signing application)

APPLIED PROFESSIONAL SERVICES, INC.

640 NW GILMAN BLVD, Suite 100
ISSAQUAH, WA, 98027
(425) 313-1034

UBI #601 684 968
FEI # 91 172-0419

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List of Officers & Directors

President & Treasurer

William D. Massengill 12425 318th Avenue NE Duvall WA 98019
(425) 313-1034

Vice-President & Secretary

David B. Brown 21520 13th Place Sammamish WA 98029
(425) 392-6412

Vice President, Operations

Edward M. Seaborn 23512 110th Place SE Kent WA 98031
(425) 313-1034

All of the above are director's of the corporation.

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TALLAHASSEE, FLORIDA

STATE of WASHINGTON



SECRETARY of STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

APPLIED PROFESSIONAL SERVICES INC.

I FURTHER CERTIFY that the records on file in this office show that the
above named profit corporation was formed under the laws of the
State of Washington and was issued a Certificate of Incorporation
in Washington on January 23, 1996.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
have been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.



Date: May 1, 2001

*Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital*

Sam Reed
sm
Sam Reed, Secretary of State