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CORPORATION(S) NAME			SE	9
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() Nonprofit	•		· · · · · ·	
(X) Foreign	() Dissolution/With	drawal	() Mark	·
	() Reinstatement		,,	
() Limited Partnership	() Annual Report	-	() Other	
()LLC	() Name Registration	n	() Change of RA	
	() Fictitious Name		() UCC	
() Certified Copy	() Photocopies)	() CUS	
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() Call When Ready	() Call If Problem	/f_]	() After 4:30	
(x) Walk In	() Will Wait	[4]	(x) Pick Up	
() Mail Out	-4.4	10/		
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Examiner .			Ref#:	
Updater Verifier			- =	-
W.P. Verifier				
w.r. venner			Amount: \$	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 bx 5/24

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDAREGISTER A FOREIGN CORPORATION TO TRANSAC	A STATUTES, THE FOLLOWING IS SÜBMITTED TO CT BUSINESS IN THE STATE OF FLORIDA
1. Micromass, Inc.	
(Name of corporation; must include the word "INCORPOR words or abbreviations of like import in language as will cle natural person or partnership if not so contained in the name	early indicate that it is a corporation instead of a
2. Massachusetts	3. <u>04-3305506</u>
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 03/01/1996	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. 05/01/2001	
(Date first transacted business in Florida. If corporation has (SEE SECTIONS 607.1	not transacted business in Florida, insert "upon qualification.") 501, 607.1502 and 817.155, F.S.)
7. 100 Cummings Center, Suite 407N, Beverly, MA 01915	
(Principal office a	address)
. same	
(Current mailing a	address)
Sales and Service of Scientific Instruments 8.	A factor of the second of the
(Purpose(s) of corporation authorized in home state or	r country to be carried out in state of Florida)
9. Name and street address of Florida registered agen	nt: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT Corporation System	- · · · · · · · · · · · · · · · · · · ·
Office Address: 1200 South Pine Island Road	
Plantation	, Florida 33324
(City)	(Zip code)
designated in this application, I hereby accept the appoi	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. I es relative to the proper and complete performance of my s of my position as registered agent.
C/t Corporation system By: (Registered agent's	SALVINA AMENTA-GRAY SFECIAL ASSISTANT SECRETARY SSIGNATURE)
11. Attached is a certifidate of existence duly authenticat the Department of State, by the Secretary of State or other	ed, not more than 90 days prior to delivery of this application to rofficial having custody of corporate records in the jurisdiction
under the law of which it is incorporated.	a official maxing custody of corporate records in the Julisdiction

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

A. DIRECTORS	SEE ATTACHMENT	
Chairman:		
Address:		是 型
		是它加
Vice Chairman:		SEE SE PRO
Address:		6 F. W.
	The second of th	7
Director: Timothy L. Riley		
Address: 100 Cummings Center, Suite 407N	· · · · · · · · · · · · · · · · · · ·	***
Downly MA 01015		
Delegat A Williams	-	
100 0 1 0 0 1 100		
Reverly MA 01015		
B. OFFICERS	The state of the s	
Timesthar Y. Dilan		
100 Cummings Center Suite 407N		<u> </u>
Beverly, MA 01915	and the second s	<u> </u>
/ice President: Philip S. Taymor		
ddress: 34 Maple Street		
Milford MA 01757		
ocretow Susan A. Holleran		
ddress: 100 Cummings Center, Suite 407N Beverly,		
reasurer: Susan A. Holleran		
ddress: 100 Cummings Center, Suite 407N Beverly, 1	MA 01015	
SEE ATTACHMENT	WA 01913	
OTE: If necessary, you may attach an addending	to the application listing additional officers a	nd/or directors.
3. Tumoty L. K	len	
	rpnan, or any officer listed in number 12 of the	e application)
4. Timothy L. Riley, President		
(Typed or printed name an	d canacity of person signing application)	

Attachment to Florida

Application By Foreign Corporation for Authorization to Transact Business In Florida

Officers & Directors

1. Full Name:

Officer/Director: Officer's Title:

Director's Title:
Business Address:

City: State: ZIP Code:

2. Full Name:

Officer/Director:

Officer's Title:

Business Address:

City: State: ZIP Code:

3. Full Name:

Officer/Director: Officer's Title: Director's Title: Business Address:

City: State: ZIP Code:

4. Full Name:

Officer/Director: Officer's Title: Business Address:

City: State: ZIP Code:

5. Full Name:

Officer/Director: Officer's Title: Business Address:

City: State: ZIP Code: Timothy L. Riley Officer, Director

President Other Director

100 Cummings Center, Suite

Beverly MA 01915

Susan A. Holleran

Officer

Secretary/Treasurer

100 Cummings Center, Suite 407N

Beverly MA 01915

Philip S. Taymor Officer, Director Vice President Other Director 34 Maple Street

Milford MA 01757

John Nelson Officer

Vice President 34 Maple Street

Milford MA 01757

Paul N. Tardif, Jr.

Officer

Assistant Clerk 34 Maple Street

Milford MA 01757 6. Full Name:

Officer/Director: Director's Title:

Business Address:

City: State: ZIP Code: Robert A. Williams

Director

Other Director

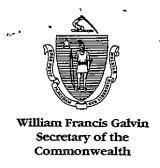
100 Cummings Center, Suite 407N

Beverly

MA

01915





The Commonwealth of Massachusetts

Secretary of the Commonwealth State Kouse, Boston, Massachusetts 02133

May 17, 2001

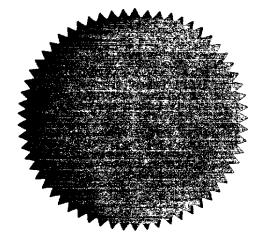
To Whom It May Concern:

I hereby certify that,

MICROMASS, INC.

appears by records of this office to have been incorporated under the General Laws of the Commonwealth on March 1, 1996.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Travin Galein

Secretary of the Commonwealth