FOIDOOODZ 896 TRANSMITTAL LETTER

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TO:	Registration Sec	ion		SECRET SEE TO SE	1
10.	Division of Corp				· 1
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SUBJ	ECT:	CORR LDGI		(A.)	
		(Name of corpor	ration - must include suffix)		<u>'</u>
Dear S	Sir or Madam:			ADACK T	F
"Certi	nclosed "Application ficate of Existence" sact business in Flo	', and check are submitted	for Authorization to Transa to register the above refere	act Business in Florida", need foreign corporation	
Please	return all correspo	ndence concerning this ma	atter to the following:		
		DALE SARA	CENT	200 SU	考し 表現
			e of Person)	NAY	
		CORRLOGIC.	TAIC.		
			(Company)		### ##################################
		4720 War	LUT STREET		30
			ddress)	<u> </u>	
		BOULDER, C	•	6 , -	□
		(City/Sta	te and Zip code)		10
For fu		oncerning this matter, plea	se call:	Je14 Lawlu 224-5081)
L	(Name of Person		ca Code & Daytime Teleph	one Number) 🕜 14	ever. <u>.</u>
	(,	sa code a Daytinac retepin	call c	Shen
				reade	1
STRE	ET ADDRESS:		MAILING ADDRESS	S: -	
	ation Section		Registration Section	Please	_
	n of Corporations Gaines St.		Division of Corporatio P.O. Box 6327	ns '	
	issee, FL 32399.			hooo433599	4B
Enclos	ed is a check for the	e following amount:		-ns/31/0101032-	023 **78.75
ב \$70.	.00 Filing Fee	§ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &	<u></u>

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION, T BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMI REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDAS CORKLOGIC, INC. 1. (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.) (State or country under the law of which it is incorporated) 5. (Duration: Year corp. will cease to exist or "perpetual") 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.) (Principal office address) (Current mailing address) (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) BRYAN+ MYERS Office Address:

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.

(Registered agent's signature)

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.

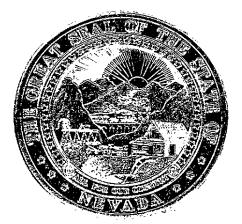
12. Names and b	usiness addresses of officers and/or directo	ors:	0,	
A. DIRECTORS			200 my 1	
Chairman:	MARTIN A. ROENIGK		THE STATE OF THE	-:
	7249 NATIONAL DRIVE		Charles Me	
	HANOVER, MD 21076			
Vice Chairman:			4	
<u></u>			1.2 magaing age.	
Director:	MICHAEL DEASEY			
Address:	4720 WALNUT STREET			1 1 20.
	BOULDER, CO 80301			
Director:	J. KEVIN ROBISON			
Address:	7249 NATIONAL MINE			77221
<u> </u>	HANOVER, MD 21076			
B. OFFICERS		,		
President:	MICHAEL DEASEY			
Address:	47ZO WALNUT STREET			224 -18 4 2
<u> </u>	BOULNER 10 80301			* * *
Vice President:			-	
Secretary:	WILLIAM C. ROCK			- · :
Address:	7249 NATIONAL DR.	HANOVER. MD		
Treasurer:	A .A			,,
Address:	م د . منا که باهیسوس	HANOVER, MD		
NOTE: If necessar	y, you may attach an addendum to the applica	tion listing additional of	icers and/or directors.	
13. (Sie	runce	20	S	-
	mature of Chairman, Vice Chairman, or any o	, A	** /	
I4	(Typed or printed name and capacity of p		CTOR	



I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CORRLOGIC**, **INC**., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 29, 1999, and is in good standing in this state.

I FURTHER CERTIFY, that the above corporation has Articles of Incorporation and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on May 23, 2001.

Mc Husening

Secretary of State

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Certification Clerk