

FO1000003214

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North American Communications Resource, 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:

100004397891--4
-06/11/01--01116--023
*****78.75 *****78.75

Lisa M Tonn

(Name of Person)

North American Communications Resource, Inc.

(Firm/Company)

3344 Hwy 149

(Address)

Eagan, MN 55121

(City/State and Zip code)

For further information concerning this matter, please call:

Lisa Tonn

(Name of Person)

at (651) 313 4320

(Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	STREET ADDRESS: Registration Section Division of Corporations
Document Examiner	409 E. Gaines St. Tallahassee, FL 32399
Updater	Enclosed is a check for the following amount:
Updater Verifier	<input type="checkbox"/> \$70.00 Filing Fee DCC
Updater Verifier	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status
Updater Verifier	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy
Updater Verifier	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
Updater Verifier	DCC
Updater Verifier	DCC

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

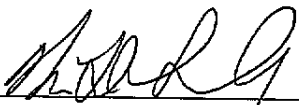
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. North American Communications Resource, 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. MN 3. 41-1743228
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10-25-93 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 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.)
7. 3344 Hwy 149
(Principal office address)
Eagan, MN 55121
(Current mailing address)
8. Sell & service Avaya telephone and data products
(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: CT Corporation System
Office Address: 1200 S Pine Island Rd.
Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

X  Kevin D. Lumberg 5/25/01
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Thomas M. Roles

Address: 3344 Hwy 149
Eagan, MN 55121

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Thomas M. Roles

Address: 3344 Hwy 149
Eagan, MN 55121

Vice President: _____

Address: _____

Secretary: _____

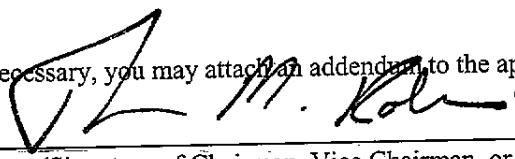
Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas M Roles, President
(Typed or printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: North American Communications Resource, Inc.

Date Formed: 10/25/1993

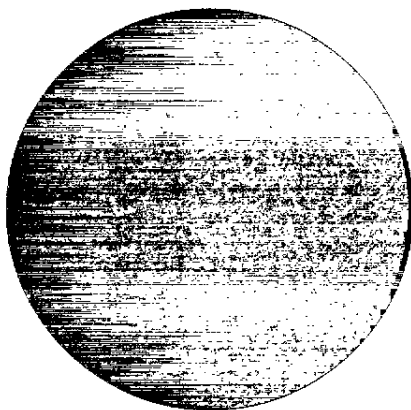
Chapter Governed By: 302A

This certificate has been issued on 05/29/01.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mary Kiffmeyer
Secretary of State.