

CT CORPORATION SYSTEM

F010000003462

CORPORATION(S) NAME

Spectrum Supply Chain Services, Inc.

900004452059

-06/29/01-01057-012

*****70.00 *****70.00

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<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

FILED
01 JUN 29 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2001 JUN 29
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Available
Examiner
Updater
Verifier
W.P. Verifier

6/29/01

Order#: 4622604

Ref#: _____

Amount: \$ _____

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 TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Spectrum Supply Chain 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 natural person or partnership if not so contained in the name at present.)

2. Delaware

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

3. Applied For

(FEI number, if applicable)

4. April 10, 2001

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon acceptance of this filing.

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 15 Independence Blvd., Warren, New Jersey 07059

(Current mailing address)

8. To provide supply chain management and warehousing.

(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

Jennifer L. Morgia

(Registered agent's signature)

Jennifer L. Morgia
C T Corporation System
Assistant Secretary

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)

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

Chairman: See attached sheet

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

President: See attached sheet

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. Linda Field

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

14. LINDA FIELD, PRESIDENT

(Typed or printed name and capacity of person signing application)

OFFICERS

<u>Name</u>	<u>Title</u>	<u>Address</u>
Linda Field	President	15 Independence Boulevard Warren, New Jersey 07059
Matthew Keogh	Secretary & Treasurer	91 Skyway Avenue, Suite 200 Etobicoke, Ontario, Canada M9W 6R5
Ron Tomiuck	Assistant Secretary	91 Skyway Avenue, Suite 200 Etobicoke, Ontario, Canada M9W 6R5
Michael Sprague	Assistant Secretary	91 Skyway Avenue, Suite 200 Etobicoke, Ontario, Canada M9W 6R5

DIRECTORS

<u>Name</u>	<u>Address</u>
Michael Sprague	91 Skyway Avenue, Suite 200 Etobicoke, Ontario, Canada M9W 6R5
Richard Alston	15 Independence Boulevard Warren, New Jersey 07059

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State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPECTRUM SUPPLY CHAIN SERVICES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
01 JUN 29 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3379274 8300

010313506

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1217612

DATE: 06-28-01