

THAT SIMIL LEGICAL
TO: Registration Section Division of Corporations
SUBJECT: Carté Graph Systems, Inc. (Name of corporation - must include suffix)
(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. Corporation
Please return all correspondence concerning this matter to ti *****70.00 *****78.00
Mark Weber
(Name of Person)
Carte Graph Systems, Inc. (Firm/Company)
3000 Digital Drive
Jubaque, IA 52003 (Address)
Dubngue, IA 52005 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
To further information concerning the matter, preuse that
Mark Weber at (319) 556-8120 = 00
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$87.50 Filing Fee, Certificate of Status & Certified Copy



•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 RUSINESS IN THE

TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1. <u>Carté Graph Systems, Inc.</u>	
(realise of corporation; must include the word "NICODDOD ATERD" (GOS	
natural person or partnership if not so contained in the name at present.)	
2. <u>Towa</u> 3 42-14/9003	
2. Lowa (State or country under the law of which it is incorporated) 3. 42-/4/9553 (FEI number, if applicable)	₩:
4 3/11/94 0 1 (
4. 3/11/94 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
6. Upon Qualification	
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. 3000 Digital Drive, Dubuque, IA 52003 (Principal office address)	
(Principal office address)	_
3600 Digital Drive, Dubuque, IA 52003 ES ES	[]
(Current mailing address)	
8Software & Software Service Sales Fix: 3	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street address of Florido registered	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: NRAI Services, Inc.	
Office Address: 526 E. Park Avenue	
Tallahassee	
Tallahassee , Florida 32301 (City) (Zip code)	
(= F 10-0)	
10. Registered agent's acceptance: Having been named as registered agent and to accept and to accep	
Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated 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 second agent and agree to act in this capacity. I	
further agree to comply with the provisions of all attention will be registered agent and agree to act in this capacity. I	
luties, and I am familiar with and accept the obligations of my position as registered agent.	
2 2	
Berilloradis 1004 Sout	

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.

(Registered agent's signature)

12. Names and businest addresses of officers and/or directors: A. DIRECTORS Chairman: Scott J. Taylor 52003 Vice Chairman: _____ Address: _____ Director: Address: _____ **B. OFFICERS** Vice President: _____ Address: __ Secretary: __ Treasurer: ____ 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) Finance Manager WOR PRESIDENT (Typed or printed name and capacity of person signing application)



No. 00145554 Date: 07/02/2001

SECRETARY OF STATE

490 DP-000173935 MARK WEBER 3600 DIGITIAL DR

DUBUQUE, IA 52003

CERTIFICATE OF EXISTENCE

Name: CARTEGRAPH SYSTEMS, INC.

Begin date: 19940311 Expiration: PERPETUAL

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.

O1 JUL 16 PM 1: 08
SELICITATE PM 1: 08



Chit luluer

CHESTER J. CULVER

SECRETARY OF STATE