

FOI 000004303

CT CORPORATION SYSTEM

CORPORATION(S) NAME

InterHealth Services, Inc.

FILED
01 AUG 14 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Photocopies | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call If Problem | <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Will Wait | <input type="checkbox"/> Mail Out | <input checked="" type="checkbox"/> Pick Up |

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG 14 PM 12:31
NOT REPLIED
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Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/14/01

me

Order#: 4726127

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Ref#: *****70.00 *****70.00

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. INTERHEALTH 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 a 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. 59-3658461

(FEI number, if applicable)

4. MAY 5, 2000

(Date of incorporation)

5. PERPETUAL

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

6. August 2001

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

7. 110CREMAZIE BLVD. WEST 12TH FLOOR MONTREAL (QUEBEC) CANADA H2P 1B9

(Current mailing address)

8. Buying network for hospital gift shops

(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

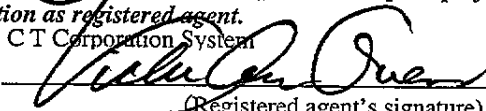
Plantation, Florida, 33324

(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



(Registered agent's signature)

VickiAnn Owens

Special 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: REMI ST-HILAIRE

Address: 110 CREMAZIE BLVD. WEST 12TH FLOOR MONTREAL (QUEBEC) CANADA H2P 1B9

Director: THOM SKINNER

Address: 110 CREMAZIE BLVD. WEST 12TH FLOOR MONTREAL (QUEBEC) CANADA H2P 1B9

Director: WILLIAM CLAWSON 1947 LAKESHORE ROAD, SARNIA, ONTARIO, CANADA N7T 7H6
& Address

Director: MICHAEL CLAWSON

Address: 1947 LAKESHORE ROAD, SARNIA, ONTARIO, CANADA N7T 7H6

Director: NORBERT TAUCHNER

Address: 110 CREMAZIE BLVD. WEST 12TH FLOOR MONTREAL (QUEBEC) CANADA H2P 1B9

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

President: REMI ST-HILAIRE

Address: 110 CREMAZIE BLVD. WEST 12TH FLOOR MONTREAL (QUEBEC) CANADA H2P 1B9

Vice President: THOM SKINNER AND MICHAEL CLAWSON

Address: 110 CREMAZIE BLVD. WEST 12TH FLOOR MONTREAL (QUEBEC) CANADA H2P 1B9

1947 LAKESHORE ROAD, SARNIA, ONTARIO, CANADA N7T 7H6

Secretary: THOM SKINNER

Address: 110 CREMAZIE BLVD. WEST 12TH FLOOR MONTREAL (QUEBEC) CANADA H2P 1B9

Treasurer: THOM SKINNER

Address: 110 CREMAZIE BLVD. WEST 12TH FLOOR MONTREAL (QUEBEC) CANADA H2P 1B9

Chief: NORBERT TAUCHNER 110 CREMAZIE BLVD. WEST 12TH FLOOR MONTREAL (QUEBEC) CANADA H2P 1B9

Operating Officer

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. _____

THOM SKINNER, EXEC. V.P. AND CFO
(Typed or printed name and capacity of person signing application)

FILED
01 AUG 14 PM 1:26
THOM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERHEALTH 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 THIRTEENTH DAY OF AUGUST, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
01 AUG 14 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1292987

DATE: 08-13-01

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