ct de Fatil Nys N 0000 4 3 3 2

CORPORATION(S) NAME		A SE	
Connolly Consulting Associa	ates, Inc.		
		SSE	
		FEST	
		ORIDE 23	
		News	
		000004536 800- -08/16/01010010	- 5
		******70.00 ******7	0.00
		<u> </u>	•
Profit (),Nonprofit	() Amendment	() Merger	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	
() Limited Partnership	() Annual Report	() Other	
()LLC	() Name Registration	() Change of RA	
	() Fictitious Name	() UCC	
() Gertified Copy 모 도단 ベ 및 프	() Photocopies	() CUS	-
() Call When Ready	() Call If Problem	() After 4:30	
Walk In Solution	() Will Wait	(x) Pick Up	
AAMA SUFFICIE	8/15/01	Order#: 4436261	٠.
Document	440		
Examiner	MS	Ref#:	
Updater			
Verifier		 -	
W.P. Verifier		Amount: \$	

BK

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 SUBMIT REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Connolly Consulting Associates, 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. Georgia (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. upon qualification (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 3971 Club Drive, NE Atlanta, GA 30319 (Current mailing address) 8. Auditing business's payment of bills. (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 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.

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.

A. DIRECTOR	RS (Street address only - P.O. Box NOT acceptable)	ALLANS IS
Chairman:		
Address:		T ST 9
		ROFE 23
Vice Chairman:		
		<u> </u>
Director:	Elizabeth Connolly Alexander	<u> </u>
Address:	Five High Ridge Park	· ·
	Stamford, CT 06905	
Director:	John Lawrence Connolly	
	3971 Club Drive, N.E.	
	Atlanta, GA 30319	
B. OFFICER	S (Street address only - P.O. Box NOT acceptable)	
President:	Elizabeth Connolly Alexander	<u> </u>
Address:	Five High Ridge Park	·
	Stamford, CT 06905	
Vice President:		Page 1
Address:		<u> </u>
		<i>ue</i> .
Secretary:	Elizabeth Connolly Alexander	<u> =</u>
Address:	Five High Ridge Park	
	Stamford, CT 06905	<u></u>
Treasurer:	John Lawrence Connolly	_ =
Address:	3971 Club Drive, N.E.	
	Atlanta, GA 30319	
NOTE: If	spary, you may attach an addendum to the application listing additional officers and/or	directors.
13. <u>///</u> /	MOUL SHEET	, u.
F57.	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appl	ication)
14	(Typed or printed name and capacity of person signing application)	

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CT CORPORATION SYSTEM PATTIE HARDY 1201 PEACHTREE STREET, NE ATLANTA, GA 30361 DOCKET NUMBER : 012240012
CONTROL NUMBER : K628511
DATE INC/AUTH/FILED: 09/541996
JURISDICTION : GEORGIA
PRINT DATE : 08/12/2001
FORM NUMBER : 211

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CONNOLLY CONSULTING ASSOCIATES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Aury Cop

Cathy Cox Secretary of State