



# FOI000005600

ACCOUNT NO. : 072100000032

REFERENCE : 951089 7288694

AUTHORIZATION : *Patricia Piquet*

COST LIMIT : \$ 70.00

ORDER DATE : October 15, 2001

ORDER TIME : 11:45 AM

ORDER NO. : 951089-005

CUSTOMER NO: 7288694

CUSTOMER: Ms. Mona Belcher  
Aviva Solutions Inc.  
Suite 503  
2155 Chenault Drive  
Carrollton, TX 75006

FILED  
01 OCT 26 PM 3:59 RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CONFIRMATION  
TALLAHASSEE, FLORIDA

## FOREIGN FILINGS

**BK**

NAME: AVIVA SOLUTIONS (US) INC.

100004655511--5...

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder -- EXT# 1118

EXAMINER: \_\_\_\_\_

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

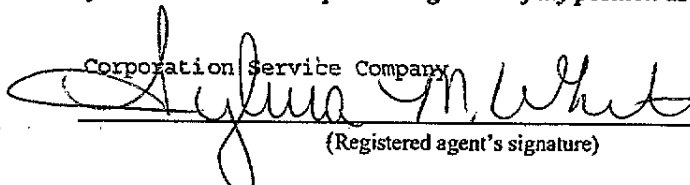
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

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1. Aviva Solutions (US) 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 3. 75-2937013  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-21-2001 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. 2155 Chenault Drive, Suite 503, Carrollton, TX 75006  
(Principal office address)  
2155 Chenault Drive, Suite 503, Carrollton, TX 75006  
(Current mailing address)  
Sales consulting for PC to Host connection software. Any lawful act or activity for which corporations may be organized.
8. \_\_\_\_\_  
(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: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (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.*

Corporation Service Company  
  
(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: See attached officers/directors rider

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. \_\_\_\_\_

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

14. \_\_\_\_\_

Beverly A. Depee, ASST. SECRETARY

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

ADDENDUM TO APPLICATION FOR CERTIFICATE OF AUTHORITY  
FLORIDA

LIST OF OFFICERS:  
AVIVA SOLUTIONS (US) INC.

Officer Name	Title	Bus. Address	I.D. Information
Larry Curran	President & CEO	9800 Cavendish Blvd., Montreal Quebec, Canada	Canadian Passport VC614181
Jurgen Hoitz	Treasurer	9800 Cavendish Blvd., Montreal Quebec, Canada	German Passport 3222015283
Anthony Housefather	Secretary	9800 Cavendish Blvd., Montreal Quebec, Canada	Canadian Passport VE551028 Expires 02/04/2003
Beverly A. Draper	Asst. Secretary	2155 Chenault Drive Suite 503 Carrollton, TX 75006	04645529 Texas D.L. U.S. Passport 159411747

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*State of Delaware*  
*Office of the Secretary of State* PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVIVA SOLUTIONS (US) 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 FOURTH DAY OF OCTOBER, A.D. 2001.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
*Harriet Smith Windsor, Secretary of State*

3371090 8300

AUTHENTICATION: 1376364

010490247

DATE: 10-04-01