F0/000005878

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | 800 | 0046551083 |
|--|--|---|
| , | | 0046551083 -10/26/0101060006 *****78.75 *****78.75 |
| SUBJECT: NLX COLPORATION | on - must include suffix) | ···· |
| (Name of corporati | on - must include surfix) | W81-24999 |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida. | r Authorization to Transact B register the above referenced | susiness in Florida", I foreign corporation |
| Please return all correspondence concerning this matter | er to the following: | |
| JOSEPH H. SZYMANSK | i | |
| | f Person) | |
| NLX CORPORATION | | |
| (Firm/Co | ompany) | · · · · · · · · · · · · · · · · · · · |
| 22626 SAUY RIDE DE | 4VE | |
| (Add | | - |
| STEPUNE, VA 20164 | | |
| · · · · · · · · · · · · · · · · · · · | and Zip code) | |
| | | |
| For further information concerning this matter, please | call: | |
| JOSEPH SZYMANSKI at (703 | | |
| (Name of Person) (Area | Code & Daytime Telephone | |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | FILED 5 01 NOV 13 M 1: 45 SECRETARY OF STATE FALLAHASSEE, FLORIDA |
| \$70.00 Filing Fee S78.75 Filing Fee & Certificate of Status | J \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 30, 2001

JOSEPH H. SZYMANSKI 22626 SAUY RIDE DRIVE STERUNG, VA 20764

SUBJECT: NLX CORPORATION Ref. Number: W01000024999

We have received your document for NLX CORPORATION and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days opyour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 301A0005924

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

| I, the undersigned | JOSEPH H. | SZYMANSKI (Name) | do hereby ce | enify |
|-------------------------|----------------------|--------------------------------------|-----------------------|-------------|
| | | | | |
| that this Resolution of | the Board of Directo | ors of NLX CORF | PORATION | · |
| , | | | | |
| | | (Corporate Name) | | |
| a corporation duly org | anized and existing | under the laws of the State of | MARYLAND | |
| was duly adopted on _ | NOVEL | ABER 17 | , 190 | <u>23</u> . |
| Be it resolved, that | NLX COR | PORATION (Corporate Name |) | |
| organized and existing | in the State of | MARYLAND | , hereby adopts the n | ame |
| NLX COK | PORATION | OF MARYLAND | for use in F | - San |
| | | | | |
| Dated: 11,06. | 2001 | man san a care a care | | R 13 L |
| | JA | gel & Szyman | she) | FSI D |
| | | either Chairman, Jige Chairman | ملا | FATE 46 |
| | <u> </u> | SEPH H. SZYUAN Type of print name | 12KI | • |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

:::--

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.

| 1NLX | CORPORATIO | 5N . | | | | | |
|---|---|---|--|---|---|-------------------|-------------|
| (Name of corpo words or abbrev | ration; must include the viations of like import in leartnership if not so co | vord "INCORPORAT" anguage as will clearly | indicate that it | VY", "CORPO is a corporatio | RATION" of a n instead of a | r | _ |
| | YLAND | 3. | , | 184952 | 4 | | |
| | under the law of which i | t is incorporated) | i | (FEI number, : | if applicable) | | |
| 4. <u> </u> | /17 /1993 e of incorporation) | 5. | Per (Duration: Vo | rpetua | 1 | 44 . 1333 | _ |
| 6. | 2/01/2001 | | - | | | | |
| (Date first transa | cted business in Florida. (SEE | If corporation has not SECTIONS 607.1501 | transacted busin , 607.1502 and 8 | ess in Florida, 317.155, F.S.) | insert "upon | qualification. | <u>")</u> |
| 7. 12000 | RESEARCH | PARKWAY, (Principal office addr | SUITE ess) | 200, C | DELAND | O, FL | 32826 |
| 22620 | o Saur Bi | • | STERUN | 4. VA | 20164 | <u>f</u> | |
| 8. GOVERNA (Purpose(s | AENT CONTE | ACTOR SUPP ed in home state or co | Mtry to be carrie | NGINEE ed out in state | Pelog S of Florida) | SERVIC | E S |
| 9. Name and str | eet address of Florida | registered agent: | (P.O. Box or M | Iail Drop Bo | x <u>NOT</u> acce | | |
| Name: | TED MUNI | ELEIN | <u>. </u> | | | SVE WILL IN | |
| Office Address: | 12000 BESE | ARCH PLAY. | STE 201 | כ | | SEE, F | LED |
| - | OPLANDO,. | . 2 | , Florida _ | 32824 (Zip code) | 2 | STATE STATE | |
| Having been nam designated in this further agree to c | gent's acceptance: ed as registered agent application, I hereby omply with the provisi amiliar with and accep | and to accept servio accept the appointm ons of all statutes re | e of process for ent as register the process to the | or the above , red agent and roper and co | stated corpo l agree to ac mnlete nerfo | ration at the | e place |

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 business addresses of officers and/or directors:

| irman: See Attachment | | | |
|--|-------------------------------|-------------------------|-------------|
| ess: | | | |
| | | | |
| Chairman: | | | · · |
| ess: | | | - |
| 1 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | |
| etor: | | | |
| ess: | | | |
| | | | |
| otor: | | | |
| ress: | | | |
| officers ident: | | | |
| 030. | - | O1 A | |
| President: | | NOV I | 1 |
| ress: | | SEF, OF A | <u></u> |
| | | FS & C | <i>-</i> |
| etary: | | <u> </u> | <u>.</u> . |
| ress: | | | |
| asurer: | | | |
| iress: | | | Ā |
| TE: If necessary, you may attach an addendum to the applic | cation listing additional off | icers and/or directors. | |
| Signature of Chairman Vice Chairman, or any | | | |
| | | | |

NLX Corporation - COMPANY CONFIDENTIAL

NLX Corporation Shareholder & Officer Information

FEIN: 52-1849524

| Name | SSN | Title | Home Address | Home Phone | Work Phone |
|---------------------|-------------|-------------------------|---|----------------|----------------|
| Joseph H. Szymanski | 213-48-0821 | Treasurer Vice Pres. | P.O. Box 602 Solomons, MD 20688-0602 | (410) 326-1326 | (703) 234-2100 |
| Donald P. McDougall | 219-82-2752 | Secretary Vice Pres. | 11405 Towering Oak Way Reston, VA 22094 | (703) 904-9848 | (703) 234-2100 |
| James A. Syme | 215-48-8400 | Chairman President | 13501 Over Ridge Ct. Chantilly, VA 20151 | (703) 802-1058 | (703) 234-2100 |
| Daniel W. Huthwaite | 226-84-0404 | Director Vice Pres. | 1631 Stowe Rd. Reston, VA 20194-1600 | (703) 435-5058 | (703) 234-2100 |

Corporate Mailing Address:

NLX Corporation 22626 Sally Ride Drive Sterling, VA 20164-7104

Ownerinfo.XLS Updated: 2/12/01

01 NOV 13 AN 1: 46
SECRETARY OF STATE

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO CORPORATIONS CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ACCORDING TO THE RECORDS OF THIS DEPARTMENT NLX CORPORATION FILED ITS ARTICLES OF INCORPORATION, WHICH HAVING BEEN RECEIVED AND APPROVED FOR RECORD BY THIS DEPARTMENT ON NOVEMBER 17, 1993.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 17, 2001.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 0001523307 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097 PARTE BELLEVER BELLEV