

CT CORPORATION SYSTEM

F01000005931

CORPORATION(S) NAME

Americom Government Services, Inc.

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FILED
01 NOV 15 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
BK

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

11/15/01

Order#: 4867799

100004683831--3

-11/15/01--01051--011

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

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

JK

**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. Americom Government Services, Inc..
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 22-3817393
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/13/2001 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. 2 Research Way, Princeton, NJ 08540
(Principal office address)

same
(Current mailing address)

Provide services to the United States Government for profit.

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)

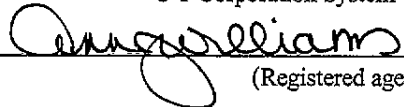
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System

(Registered agent's signature)

ANN J. WILLIAMS
Assistant Vice President

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:**A. DIRECTORS****SEE ATTACHMENT**Chairman: Ran FrazierAddress: 2 Research WayPrinceton, NJ 08540

Vice Chairman: _____

Address: _____

Director: Lawrence SimoninAddress: 2 Research WayPrinceton, NJ 08540

Director: _____

Address: _____

B. OFFICERSPresident: Ran FrazierAddress: 2 Research WayPrinceton, NJ 08540Vice President: Lawrence SimoninAddress: 2 Research WayPrinceton, NJ 08540Secretary: Lawrence WheelerAddress: 2 Research Way Princeton, NJ 08540

Treasurer: _____

Address: _____

SEE ATTACHMENT**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. Lawrence J. Wheeler Secretary
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. LAWRENCE WHEELER Secretary
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICOM GOVERNMENT 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 NOVEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
01 NOV 15 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1441376

DATE: 11-13-01