E0100006028

C I CORPORATION SYSTEM		~		
Requestor's Name 660 East Jefferson Street	#3 = Y			
Address				
	0)222-1092		00004690	319-
City State Zip	Phone		-11/21/01(*****70.00)1002—0 ******
CORPORATION(S	S) NAME			
				
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Hor	ne Director	I_{α} .	•	
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			/ISI/	9
()Profit ()NonProfit ()Limited Liability Company	() Amendme	ent	() Merger	
Foreign	() Dissolutio	on/Withdrawal	() Mark 👼	## A. P.
() Limited Partnership () Reinstatement	() Annual R () Reservati		() Other ====================================	r.A. .
() Limited Liability Partnersh () Certified Copy	() Photo Co	ppies	() Fictifious () CUS	None
() Call When Ready ∰ Walk In () Mail Out	() Gall if Pro () Will Wait	obiem BK	() After 4:30 (x) Pick Up	
Name Availability Document	11/20		ETURN EXTRA COPTILE STAMPED THANKS	
Examiner				01 10
Updater	ı		ISSE.	977 12
Verifier Acknowledgment			OF STA	
W.P. Verifler			9: 28 IDA	FILED MOV 20 III
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CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANO REGISTER A FO	CE WITH SECTION 607.1503, FLORIDA : OREIGN CORPORATION TO TRANSACT	STATUTES, THE FOLLOWING IS SUBMI RUSINESS IN THE STATE OF ELOPITA	TTE BT O
1. Home	_ _	· ·	是量子
(Name of corp	oration; must include the word "INCORPORA"	TED", "COMPANY", "CORPORATION" or	SSO OF THE STATE O
words or abbre natural person	eviations of like import in language as will clear or partnership if not so contained in the name a	'ly indicate that it is a corporation instead of a	京名 屋
•	•		EST. 0.
2. <u>DE</u>	LAWARE_ y under the law of which it is incorporated)	3. <u>13-4083852</u>	18 A
		(FEI number, if applicable)	, <u>.</u>
4. <u>Oct</u>	13 <u>, 1999</u> 5	terpetual	
•		aration: Year corp. will cease to exis tor "perpet	rual")
6. Upp	on Qualification st transacted business in Florida.) (SEE SECTIO	ONS 607 1501 607 1502 and 917 155 P.S.)	
10/1	•		
··· ——————————————————————————————————	THE VOIL		
MOR	RISVILLE, NC 275 (Current mailing addr		
	(Ourroin maining autr	css)	
8. Home	notworking and hardware		
(Purpose	(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	
9. Name and st	reet address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT accept	able)
Name:	CT Corporation System		
O.C. 4.11		· · ·	
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida, 33324	
		(Zip code)	
10. Registered	agent's acceptance:		
Having been nam	ed as registered agent and to accept service of	process for the above stated corporation at the	nlace design ated in
this application, I	hereby accept the appointment as registered a	gent and agree to act in this capacity. I furthe	er agree to comply
wun the provision the obligations of	my position as registered agent. //	plete performance of my duties, and I am fami	liar with and accept
	C T Corporation System	**	
	(Registered agent's s	ignature)	

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) FLO19-9/2/99 C T System Online

A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	MARSHALL PHELPS	·
Address: _	535 MADISON AVENUE, 12th FLOOR	<u> </u>
	New YORK, NY 10022	THE T
Vice Chairr		E 2 1
Address: _	N/A	SHO Z O
	<u> </u>	ELST 9
Director: _	ROBERT CLASEN	28 RIDA
Address: _	16626 LOS MORROS	
_	RANCHO SANTA FE, CA 92067	
Director: _	VIJAY BOBBA	
Address: _	2350 WEST EL CAMINO REAL, SUITE 200	
	MOUNTAIN VIEW CA 94040 CERS (Street address only - P.O. Box NOT acceptable)	
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)	
	DON WITMER	
Address: _	1015 AVIATION PARKWAY, SUITE 100	
_	MORRISVILLE, NC 27560	
Vice Preside	ent: N/A	
Address:	N/A	
	,	
Secretary:	LEE GRIFFIN	
Address:	1015 AVIATION PARKWAY, SUITE 100	
_	MORRISVILLE, NC 27560	
Treasurer:	N/A	
Address:	N/A	
_	1	
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or dire	ctors.
13. X	Andel K. Wa	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applicat	ion)
14	DON WITMER	
	(Typed or printed name and capacity of person signing application)	

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 "HOME DIRECTOR, 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 NINETEENTH DAY OF NOVEMBER, 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.

FILEU 1 NOV 20 M 9: 28 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE



Darriet Smith Windson, Secretary of State

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AUTHENTICATION: 1453973

DATE: 11-19-01