-01000006251 CORPORATION(S) NAME ShipXact.com, Inc. <u>w010000</u> () Profit () Amendment () Merger () Nonprofit () Dissolution/Withdrawal Foreign () Mark () Reinstatement () Limited Partnership () Annual Report () Other ()LLC () Name Registration () Change of RA () Fictitious Name () UCC () Certified Copy X CUS () Photocopies () Call When Ready () Call If Problem () After 4:30 (x) Walk In () Will Wait (x) Pick Up () Mail Out Name 12/5/01 Order#: 4960948 Availability Document Examiner Ref#: Updater Verifier

Amount: \$

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

W.P. Verifier



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 5, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: SHIPXACT.COM, INC. Ref. Number: W01000027741



Please note that NO PAYMENT was received with this filing, that the documents are being returned UNFILED, and that NO PAYMENT HAS BEEN RETAINED.

Please resubmit your documents with the correct fees, signatures, and a DELAWARE certificate of existence.

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

If you have any questions concerning the filing of your document, please cale (850) 245-6914.

Buck Kohr Corporate Specialist

Letter Number: 601A00064371

Thanks so much Buck! I need this backdated and filed, return 2/cus.
Thanks again!

TRANSMITTAL LETTER

TO: Registration Section	15.
Division of Corporations	自 日 四
SUBJECT: SHIPXACT.COM, INC.	
(Name of corporation - must include suffix)	Scale
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact E "Certificate of Existence", and check are submitted to register the above reference to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Leigh Garner, Paralegal	
(Name of Person)	
Sutherland Asbill & Brennan LLP	_
(Firm/Company)	-
999 Peachtree Street, Suite 2300	. :
(Address)	
Atlanta, Georgia 30309	
(City/State and Zip code)	a Militar
• • •	
For further information concerning this matter, please call:	
Leigh Garner at (404) 853-8504	
(Name of Person) (Area Code & Daytime Telephone	Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	-
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee 및 \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ Certificate of Status Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

•APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

KEGISTEK A F	OREIGN CORPORATION TO TRANSA	ICI BUSINESS IN THE STATE OF FLORIBA
	pXact.com, Inc.	
words or abbre	oration; must include the word "INCORPO eviations of like import in language as will corpartnership if not so contained in the nar	RATED", "COMPANY", "CORPORATION" or clearly indicate that it is a corporation instead of a me at present.) 3
2 Delawa	re	358-2440263
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
4. Januar	y 14, 1999	5. Perpetual
	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Q	ualification	
		as not transacted business in Florida, insert "upon qualification.") .1501, 607.1502 and 817.155, F.S.)
7. 6600 B	est Friend Road, Norcross, G	GA 30071
	(Principal office	e address)
Same a	s above.	
	(Current mailing	a address)
		·
(Purpose 9. Name and <u>st</u>	age in any lawful business. (s) of corporation authorized in home state	·
(Purpose	age in any lawful business. (s) of corporation authorized in home state	or country to be carried out in state of Florida)
(Purpose 9. Name and <u>st</u> Name:	age in any lawful business. (s) of corporation authorized in home state	or country to be carried out in state of Florida) ent: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose 9. Name and <u>st</u> Name:	age in any lawful business. (s) of corporation authorized in home state reet address of Florida registered age CT Corporation Systems	or country to be carried out in state of Florida) ent: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose 9. Name and <u>st</u> Name:	age in any lawful business. (s) of corporation authorized in home state reet address of Florida registered age CT Corporation Systems 1200 South Pine Island Roa	or country to be carried out in state of Florida) ent: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose P. Name and st Name: Office Address: Office Address: Office Address:	age in any lawful business. (s) of corporation authorized in home state reet address of Florida registered age CT Corporation Systems 1200 South Pine Island Roa Plantation (City) agent's acceptance: med as registered agent and to accept is application, I hereby accept the application, I hereby accept the application.	or country to be carried out in state of Florida) ent: (P.O. Box or Mail Drop Box NOT acceptable) ad

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.

$_{c}$ 12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:	Clarke H. Bailey
Addres	Suite 170, 1311 Mamaroneck Avenue White Plains, New York 10605
_	ADDITIONAL DIRECTORS: (all at same address as above)
	Thomas Bickes
	David Florence
_	Clark Keough
_	Richard Niglio
	Ralph Perullo
	James Reiss, Jr.
	Alan Shapiro
	4. 12. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
B. OFFIC	Enc
President: _	Clarke H. Bailey
Address:	Suite 170, 1311 Mamaroneck Avenue
	White Plains, NY 10605
Vice Preside	nt: Thomas K. Burke
Address:	6600 Best Friend Road
	Norcross, GA 30071
Secretary: _	David Friedman
Address:	Suite 170, 1311 Mamaroneck Avenue White Plains, NY 10605
Treasurer:	David Friedman
Address:	Suite 170, 1311 Mamaroneck Avenue White Plains, NY 10605
	The state of the s
NOTE: If r	ecessary, 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	David Friedman, Secretary and Treasurer
	(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 "SHIPXACT.COM, 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 THIRD DAY OF DECEMBER, A.D. 2001.

OI DEC -5 PN 3: 27
SECRETARY OF STATE
SECRETARY OF STATE



Darriet Smith Windson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1476493

2992870 8300

010612003

DATE: 12-03-01