

ACCOUNT NO.

072100000032

REFERENCE

595247

4305390

AUTHORIZATION

ORDER DATE: December 6, 2001

ORDER TIME :

10:32 AM

ORDER NO. : 595247-005

CUSTOMER NO: 4305390

CUSTOMER: Ms. Kim Calkin-mcellen

Cole Schotz Meisel Forman &

25 Main Street P.o. Box 800

Hackensack, NJ

FOREIGN FILINGS

NAME:

GRANITE TRAVEL, INC.

700004714187--7

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIAN REGISTER 4 E	CE WITH SECTION 607.1503, FLORIDA ORFIGN CORPORATION TO TRANSAC	STATUTES, THE FOLLOWING IS SUBMITTED TO
ODANTON O	RAVEL, INC.	TO THE STATE OF FLORIDATION TO
(Name of corp words or abbre	oration; must include the word "INCORPORA	ATED", "COMPANY", "CORPORATION" or arly indicate that it is a corporation instead of a at present.)
2. NEW YORK		3
(State or country under the law of which it is incorporated)		(FEI number, if applicable)
4. JANUARY 1	0, 1975	5. PERPETUAL
(Da	ate of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. "UPON QUAI	LIFICATION"	
	sacted business in Florida. If corporation has n (SEE SECTIONS 607.15 TOP DRIVE, MT. DORA, FLORIDA 32	not transacted business in Florida, insert "upon qualification.") 601, 607.1502 and 817.155, F.S.)
/. <u> </u>	(Principal office a	
1327 HILL	FOP DRIVE, MT. DORA, FLORIDA 32	•
-	(Current mailing a	
COMPUTER	CONSULTING	•
8		
(Purpose	e(s) of corporation authorized in home state or	country to be carried out in state of Florida)
9. Name and <u>st</u>	treet address of Florida registered agen	t: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	GLENNA K. BURCH	
Office Address:	1327 HILLTOP DRIVE	
	MT. DORA	, Florida ³²⁷⁵⁷
	(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.

(Registered agent's signature)

GLENNA K. BURCH, REGISTERED AGENT

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 Chairman: __ Address: ___ Vice Chairman: Address: __ Director: GLENNA K. BURCH, SOLE DIRECTOR Address: 1327 HILLTOP DRIVE MT. DORA, FLORIDA 32757 Director: ___ **B. OFFICERS** President: GLENNA K. BURCH - PRESIDENT/SECRETARY/TREASURER Address: 1327 HILLTOP DRIVE MT. DORA, FLORIDA 32757 Vice President: Address: ___ Secretary: __ NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. The state of the s (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. GLENNA K. BURCH, PRESIDENT

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

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of GRANITE TRAVEL, INC. was filed on 01/10/1975, with perpetual duration, and that diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of November two thousand and one.

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