

| TO:                                   | Registration of   | on Sec<br>of Corp | tion<br>porations                         |                        |                   |  |                              | ·  |  |                  |                     |
|---------------------------------------|---|-------------------|---|------------------------|-------------------|--|------------------------------|--|--|------------------|---------------------|
| SUBJ                                  | ECT:  | GSK               | Services,                                 | Inc.                   | -                 |  |                              |  |  |                  |                     |
|                                       |   |                   | (Na                                       | ame of co              | rporati           | on - must inc  | lude suff                    | ĭx)  |  | <del></del>      | _                   |
| Dear Si                               | ir or Madan   | <b>a</b> :        |   |                        |                   |  |                              | ,  |  |                  |                     |
|                                       | closed "App<br>cate of Exi-<br>act busines:                     | ~~~~              | on by Foreign<br>", and check a<br>orida. | Corporat               | ion for<br>ted to | Authorization  | on to Trar<br>bove refe      | nsact Busi<br>erenced fo                       | ness in Flor<br>reign corpo                                  | rida",<br>ration |                     |
| Please r                              | eturn all co  | rrespo            | ndence conce                              | rning this             | matte             | r to the follow  | wing:                        |  | <b>⊢</b>   |                  |                     |
|                                       | <u>Kerri Li</u>   |                   |   |                        | . =               | _  |                              |  | SEC  | 2                |                     |
|                                       |   |                   |   | (N                     | ame of            | Person)  |                              | <u>.                                      </u> |  |                  | <del>-</del> -1     |
| (                                     | GSK Serv  | ices,             | Inc.                                      | <u>.</u>               | <u> </u>          |  | , 50                         |  | 28.5<br>28.5<br>28.5<br>28.5<br>28.5<br>28.5<br>28.5<br>28.5 | 0                | =                   |
| ]                                     | ll39 Ver  | nilli             | on Circle                                 |                        | rm/Co             | mpany)   |                              | <u> </u>                                       |  | PM               |                     |
|                                       | <u></u>   |                   |   |                        | (Addr             | ress)  |                              |  | <u>- XX</u><br>  | <del></del>      | <del>-</del>        |
| M                                     | íarietta,   | . Ge              | orgia 300                                 | 061                    |                   |  |                              |  | - T- (1)   |                  | nota                |
|                                       |   |                   |   | <u> </u>               | State a           | nd Zip code)   | <u>9</u>                     | ) THE  | 4 1 1  |                  | - 1                 |
|                                       |   |                   |   |                        |                   | - ,  |                              |  |  |                  | 12/1:               |
|                                       |   |                   | ncerning this                             | matter, pl             | ease c            | all:   |                              | -12/1  | 7163<br>]/0101   | Ubb              | 9<br>:013<br>*70.00 |
|                                       | erri Lie  |                   | 1.25                                      | _ at (_ <sup>770</sup> | 0 _               | 319-77   | 70                           | <b>東東東</b> 東                                   | *70 <b>.</b> 00  | skratesters.     | ricion              |
| (                                     | (Name of P  | erson)            |   | (1                     | Area C            | ode & Daytir   | ne Telepl                    | hone Nun                                       | iber)  | -                |                     |
|                                       |   |                   |   |                        |                   |  |                              |  |  |                  |                     |
| Registrati<br>Division (<br>409 E. Ga | ADDRES<br>ion Section<br>of Corporat<br>aines St.<br>ee, FL 323 | ions              |   |                        | _                 | MAILING A<br>Registration<br>Division of C<br>P.O. Box 63:<br>Tallahassee, | Section<br>Corporation<br>27 | ons  |  |                  |                     |
| Enclosed.                             | is a check f  | or the            | following am                              | ount:                  |                   |  |                              |  |  |                  |                     |
| <b>ई</b> \$70.00                      | Filing Fee  | ۵                 | \$78.75 Filin<br>Certificate              | g Fee &<br>of Status   |                   | \$78.75 Filing<br>Certified Cop  | Fee &                        | Cer  | 50 Filing F<br>tificate of S                                 | Status &         | Ŀ                   |

# 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.

| I. GSK S                              | ervices, Inc.                         | <u></u>                                 | . =             |            |                   |                           |                     |             |
|---------------------------------------|---------------------------------------|---|-----------------|------------|-------------------|---------------------------|---------------------|-------------|
| (Name of corp                         | oration; must include the wo          | rd "INCORPOR                            | ATED            | "CONO      | PANY" "COP        | DOD ATION                 |                     |             |
|                                       | Manager of the philodit ill ist       | iguage as will cl                       | early ind       | ireate tha | titis a compora   | FORATION<br>ition instead | √ or                |             |
| natural person                        | or partnership if not so conta        | ained in the name                       | e at pres       | ent.)      | e te io a corpora | mon mateau                | . O1 a              |             |
|                                       |                                       |   | -               |            |                   |                           |                     |             |
| 2. Georg                              | _d                                    | <u> </u>                                | . 3. <u>=</u> _ | <u> </u>   |                   | ···                       | •                   |             |
| (State or countr                      | La<br>y under the law of which it i   | s incorporated)                         |                 |            | (FEI numbe        | r, if applica             | ble)                | <u> </u>    |
|                                       |                                       |   |                 |            |                   |                           |                     |             |
| (Da                                   | te of incorporation)                  |   | .5. 🚤           | Per        | petual            |                           | <u></u>             |             |
| •                                     | ,                                     |   | (D              | uration:   | rear corp. will   | cease to ex               | ist or "perpetual") | ı           |
| 6. Upon C                             | ualification                          | ., = .                                  | <del></del>     |            |                   | ·                         |                     |             |
| (Date first trans                     | acted business in Florida. If         | corporation has                         | not tran        | sacted by  | isiness in Florid | da incert "hr             | non qualification   |             |
|                                       | (SEE SE                               | ECTIONS 607.1                           | 501, 60         | 7.1502 an  | nd 817.155, F.S   | in, mscre <i>a</i>        | pon quantication.   | )           |
| 7 1139 V                              |                                       |   |                 |            |                   |                           |                     |             |
| /- <u></u>                            | ermillion Circle,                     | Mai ierla,                              | . Geo           | rgia       | 30061             | =                         |                     |             |
|                                       |                                       | Principal office a                      |                 |            |                   |                           |                     |             |
| 1139 V                                | ermillion Circle,                     | Marietta,                               | Geo             | rgia       | 30061             |                           |                     |             |
| · · · · · · · · · · · · · · · · · · · | ((                                    | Current mailing a                       | address)        |            | 30001 ,.          | 47                        | <del></del>         | _           |
|                                       | ,                                     |   |                 |            |                   |                           |                     |             |
| 0 5                                   |                                       |   |                 |            |                   |                           |                     |             |
| 8. Provid                             | ing Re-Employment                     | Consulting                              | Serv            | ices       |                   |                           | _                   |             |
| (Purpose                              | (s) of corporation authorized         | in home state or                        | country         | to be car  | rried out in stat | e of Florida              | )                   | _           |
|                                       |                                       |   |                 |            |                   |                           |                     |             |
| gti                                   | <u>eet address</u> of Florida re      | egisiered agen                          | r: (P.C         | Box of     | r Mail Drop E     | Box <u>NOT</u> a          | .cceptable)_        |             |
| Name:                                 | Scott Hanson                          |   | -               |            |                   |                           |                     | $\neg \Box$ |
|                                       |                                       | <del> </del>                            |                 | •          | - <b>,55</b> - 37 | - es-                     | SS号 =               | _           |
| Office Address:                       | 1747 Rutledge Ro                      | ad                                      |                 |            |                   |                           |                     | m           |
|                                       |                                       |   |                 | • *        |                   |                           |                     |             |
|                                       | Longwood                              | · · · · · · · · · · · · · · · · · · ·   |                 | Florid     | 32779             |                           | , • ;               |             |
|                                       | (City)                                |   | -               | , 1 10110  | (Zip code         | <u>, ==</u>               | ORID)<br>ORID)      |             |
|                                       | ` •,                                  |   |                 |            | (Zip code         | •)                        | )A                  |             |
| <ol><li>Registered a</li></ol>        | gent's acceptance:                    |   | -               |            |                   |                           |                     |             |
| Iaving been nan                       | ned as registered agent and           | id to accept sei                        | rvice of        | rocess     | for the abov      | e stated co               | rnovation at the    | nlass       |
| G                                     | wppiicuttoit, i iteleily iii          | '''' '' '' '' '' '' '' '' '' '' '' '' ' | 7 F I 24 17 W T | OF HAMIN   | #A**AA ~~~~~      |                           |                     | _           |
|                                       |                                       |   |                 |            |                   |                           | erformance of r     | ucuy.       |
| luties, and I am j                    | familiar with and accept t            | the obligations                         | of my           | position   | as registerea     | l agent.                  | -ijoimunee oj n     | ry.         |
|                                       | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | //                                      |                 | -          | Ü                 |                           |                     |             |
| ASE                                   | XILL!                                 | /                                       |                 |            |                   |                           |                     |             |
|                                       |                                       |   |                 |            |                   |                           |                     |             |
| _                                     | <u> </u>                              | urc v                                   |                 |            |                   | Tay in                    |                     |             |
|                                       | (Re                                   | eistered agent's                        | cianatu         | ٠۵١        |                   |                           |                     |             |

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   | <del></del> |   |
|--|-------------|---|
| Chairman: Gordon R. Butler   |             |   |
| Address: 4500 Pear Ridge Road, #715  | Transit A   | ===   |
| n 11 km - 7600h  |             |   |
| Vice Chairman: Scott Hanson  | —·          |   |
| Address: 1747 Rutledge Road  | <u> </u>    | <b>7</b> 3  |
| Longwood, Florida 32779  |             |   |
| Director: Kerri Lienemann  |             |   |
| Address: 1139 Vermillion Circle  | -           | -   |
| Marietta, Georgia 30061  |             | <u>-</u>  |
| Director:  |             |   |
| Address:   | -           |   |
|  |             |   |
| B. OFFICERS  | -           |   |
| President:Gordon R. Butler   |             |   |
| Address:4500 Pear Ridge Road, #715   |             |   |
| Dallas, Texas 75287  | <u> </u>    |   |
| Vice President: Scott Hanson   |             | SECI  |
| 17/7 Putlodge Pend   |             |   |
| Longwood, Florida, 32779   | -           |   |
| Secretary: Kerri Lienemann, Secretary  |             | EST Z   |
| Address:1139 Vermillion Circle   |             | ₩<br>₩<br>₩<br>₩<br>₩<br>₩  |
| Treasurer: Marietta, Georgia 30061   |             |   |
| Address:   | ±           | Name of the state |
| NOTE: If necessary, you may attach an addendum to the application of Chairman, Vice Chairman, or |             |   |
| 14. Kerri Lienemann, Secretary   |             |   |

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

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 012250610

CONTROL NUMBER : K946672

DATE INC/AUTH/FILED: 11/10/1999

JURISDICTION : GEORGIA

PRINT DATE : 08/13/2001

FORM NUMBER : 211

SCHEER JACKSON COHEN & SCHOENBERG GEORGE M. SCHEER JR 3405 PIEDMONT RD NE STE 275 ATLANTA, GA 30305

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## GSK SERVICES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

ATE ADDA



Authy Cop

Cathy Cox Secretary of State