

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CSI-NEW YORK, INC. (Name of corporation - must include suffix)	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	0004742595—9 12/28/01-01047-007 *****87.50 *****87.50 t Business in Florida"
The enclosed "Application by Foreign Corporation for Authorization to Transac "Certificate of Existence", and check are submitted to register the above reference to transact business in Florida.	t Business in Florida", ced foreign corporation
Please return all correspondence concerning this matter to the following:	
Thomas Mclayghui	-
Thomas Mclaughtin (Name of Person)	<u> </u>
(Name of Person) (SI - NEW YORK, Enc.) (Firm/Company)	
(Firm/Company)	
P.O. Box 473	
(Address)	
Conconduille PA 193	3/
(Address) Conconduite, PA 193 (City/State and Zip code)	Fig. 1
For further information concerning this matter, please call:	
(Name of Person) at (6/0) 636-676 of (Area Code & Daytime Telephone	e Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: T. 670 00 FW. F	FILED 01 DEC 28 FM 8: 39 SECRETARY OF STATE TALLAMASSEE, FLORIDA
S70.00 Filing Fee S78.75 Filing Fee & S78.75 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**

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	CSI - NEW YO	KK, INC.	717 A	
word	ne of corporation; must include the word " s or abbreviations of like import in langua	ge as will clearly ind	icate that it is a corporation in	
пагш	al person or partnership if not so contained	u in the name at preso	ent.)	
2	or country under the law of which it is inc	3,	13-38444	16
(State	or country under the law of which it is inc	corporated)	(FEI number, if ap	oplicable)
4	(Date of incorporation)	5	PENSETURL	
	(Date of incorporation)	(Da	uration: Year corp. will cease	to exist or "perpetual")
6	first transacted business in Florida. If cor	N QUALIF	1cation	
(Date	first transacted business in Florida. If cor	poration has not trans	sacted business in Florida, ins 7.1502 and 817.155, F.S.)	ert "upon qualification.")
		·		
7	16 PLAZA PLAC (Prin	e Bron	ux New York	<u>-, 10465</u>
	(Prin	cipal office address)	4	
	1.0. Box 47 (Curr	3 Conce	DROVILLE, PA.	19331
	(Ситт	ent mailing address)		
	•			
8	(Purpose(s) of corporation authorized in h	RALTOR		
	(Purpose(s) of corporation authorized in l	home state or country	to be carried out in state of F	'lorida)
9. Nan	e and <u>street address</u> of Florida regis	stered agent: (P.C). Box or Mail Drop Box N	IOT accentable
	_			FC
	Name: Stephen F. Cah	ا، در	<u>-</u>	
Office .	Address: 1500 N. Penins	WE AVE		28 28 E
Office 2				
	NEW SMYRAB BO	each	, Florida <u>32169</u>	
	NEW Snynna Be (City)		(Zip code)	ED'8 3
10 10 ~	istered agent's acceptance:			55 75 89
	been named as registered agent and i	to accent service o	f process for the above sta	ted cornoration at the place
designa	ted in this application, I hereby accep	ot the appointment	as registered agent and a	gree to act in this capacity. I

Stephen 3 Cable
(Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my

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:		<u> </u>	<u></u>	. <u>.</u> . <u>.</u> .
	en gerige En Toleron		 .	
Vice Chairman:			***** * * * * * * * * * * * * * * * * *	
Address:		·	 .	
Director:	· · · · · · · · · · · · · · · · · · ·			
Address:				
Director:				
Address:		· · · · · · · · · · · · · · · · · · ·		
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	a ,	No. of the state of	- 	. g.e.s.
B. OFFICERS	<u> </u>	ts o		
President: STephen f. C14.cc	ı	< /		
Address: 1500 N. Peninsula AUE.	_	表		
NEW SMYRNA BEACH, FL 30	•		<u></u>	
Vice President: DAVE CENTROW, F2		F 8		
Address: 22 Soundwien Tennace		35 10 10 10 10 10 10 10 10 10 10 10 10 10		
Bronx, NY 10465		= <u></u>	- 1 al	+ - I
Secretary: Thomas Melanghe, ~		· -	<u>.</u>	
Address: 30 Chenay Creece, 6 her Mices	s, PA 1934	<u> </u>	:	et II
Traceller Thamas McLaughe, i			——————————————————————————————————————	.
Address: 30 Chenny Cincer, Glen Mice	Ls . PA. 173	42-	<u> </u>	ا المسادية الما
NOTE: If necessary, you may attach an addendum to the application listing			,	
13. (Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of the	application)		·
		,		
14. Thomas McLayahera, Theasur (Typed or printed name and capacity of person signi	ing application)		÷	• {

4.64.

State of Delaware

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Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CSI-NEW YORK, 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 EIGHTEENTH DAY OF DECEMBER, A.D.-2001.

AND I_DO HEREBY FURTHER CERTIFY THAT THE SAID "CSI-NEW YORK, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF AUGUST, A.D.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND_I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

O1 DEC 28 PH 8: 39
SECRETARY OF STATE
TALL AHASSEE FLORIDA



Warriet Smith Windson, Secretary of State

2531903 8300

AUTHENTICATION: 1511471

010649785

DATE: 12-18-01