

ACCOUNT NO.

072100000032

REFERENCE

492549

7311064

AUTHORIZATION

COST LIMIT

ORDER DATE: March 25, 2002

ORDER TIME :

9:34 AM

ORDER NO. : 492549-005

CUSTOMER NO: 7311064

400005174114--4

CUSTOMER:

Mr. Zachary A. Hamm Mr. Zachary A. Hamm

4625 Gamelyn Walk

Raleigh, NC 27612

#### FOREIGN FILINGS

NAME:

SECURITY MANAGEMENT

CONSULTING, INC.



BK

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

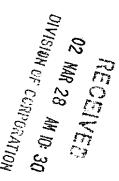
CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 1133

EXAMINER:



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SECURITY MANAGEMENT CONSULTING, INC.				
(Name of corporation - must include suffix)				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Zachary Hamm (Name of Person)				
(Name of Person)				
Security Managament C. 11:				
Security Management Consulting (Firm/Company)				
P.O. Box 30099				
(Address)				
(Address)  Raleigh, NC 27622-0099  (City/State and Zip code)				
(City/Stota and Zin and a)				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Zachary Hamm at (919) 788-9200 (Name of Person) (Area Code & Daytime Telephone Number)				
(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  □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status & Certified Copy				

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO FRANSACT BUSINESS IN FLORIDA

IN COMPLIANO REGISTER A FO	CE WITH SECTION 607.1503, FLORIDA STA OREIGN CORPORATION TO TRANSACT BU	ATUTES, THE FOLLOWING IS SUBM USINESS IN THE STATE OF FLORIDA	MIED TO
	MANAGEMENT CONSULTING, INC.		TS TO
(Name of corporate words or abbre	oration; must include the word "INCORPORATED eviations of like import in language as will clearly it or partnership if not so contained in the name at pr	ndicate that it is a corporation instead of a	ORIDA SS
2. NORTH CARO	OLINA 3	56-2065363	
4	16 1998 5	Perpetual  Duration: Vegroom will appea to avist an	"mount of 12")
6. U,	pon Qualification acted business in Florida. If corporation has not tr	Duration. Teal corp. will cease to exist or	perpetuar")
(Date first trans	acted business in Florida. If corporation has not tr (SEE SECTIONS 607.1501, 6	ansacted business in Florida, insert "upon q 507.1502 and 817.155, F.S.)	ualification.")
7. <u>250</u>	Blue Ridge Rd Suite (Principal office address Box 30099 Raleigh, No (Current mailing address	430, Paleigh, NC 27	607
Da	(Principal office addres	58)	
	Ook 30097 /Zaleigh, N	27622-0099	
	(Curion maning autres	oo)	
8	Security Consulting (s) of corporation authorized in home state or coun		
(Purpose	c(s) of corporation authorized in home state or coun	try to be carried out in state of Florida)	
9. Name and <u>st</u>	reet address of Florida registered agent: (F	P.O. Box or Mail Drop Box NOT accep	table)
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		•
	Tallahassee	Florida 32301	
	(City)	, Florida 32301 (Zip code)	
Having been na designated in thi further agree to	agent's acceptance: med as registered agent and to accept service is application, I hereby accept the appointme comply with the provisions of all statutes rela familiar with and accept the obligations of n	nt as registered agent and agree to act ative to the proper and complete perfor	in this capacity. I
, i	Corporation Service Company	-	
6	Assaul Ofn M (Registered agent's signi	oture)	
	. (100gistored agent 5 signi	active,	

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:	7.0 %
Address:	是
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Viscolisismo	<b>高等</b>
Vice Chairman:	700
Address:	
Director:	
Address:	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
Director:	
Address:	
	<u> </u>
B. OFFICERS	
President: Zachany A. Hamm	27.128
Address: P.O. Box 30099	:
Raleigh, NC 27622-0099	
Vice President:	
Address:	
Secretary: Sara Y. Hamm	
Address: P.O. Box 30099, Raleigh, NC 27622-C	7099
Treasurer:	,
Address:	
Addiess.	
NOTE: If necessary, you may attach an addendum to the application listing additional of	officers and/or directors.
13. Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)
14. Sara Y. Hamm, Secretary	••
(Typed or printed name and capacity of person signing applicati	on)



# North Carolina Department of the Secretary of

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### SECURITY MANAGEMENT CONSULTING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 16th day of January, 1998, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of March, 2002.

Glaine 4. Marshall
Secretary of State

Certification Number: 6001344-1 Page: 1 of 1 Ref.# 4790433
Verify this certificate online at www.secretary.state.nc.us/Verification.