

	ration Section of Corpor					
SUBJECT:	Calder	Developmen	nt Asso	ciates, Inc.		
SODJECI.		(Name o	f corporation	on - must include suff	ix)	
Dear Sir or Ma	adam:					
The enclosed "Certificate of to transact bus	Existence",	and check are su	poration for abmitted to	Authorization to Tra	nsact Business in erenced foreign co	Florida", orporation
Please return a	all correspon	dence concernin	g this matte	r to the following:		
I	H.B. Ca	lder				
		<u> </u>	(Name o	f Person)		
Calder	Develop	ment Assoc	iates, (Firm/Co	Inc mpany)	· · · · · · · · · · · · · · · · · · ·	
2755 Ca	arpenter	Rd Suite	1W			
Ann Arb	or, Mic	higan 4810	•	ress) 1	LOODUS4 -05/03/ ******	020107900 020107900 0.00 *****70
			(City/State	and Zip code)		
For further inf	formation co	ncerning this ma	itter, please	call:		M4/
April L (Nam	Bauer ne of Person))	at (<u>734</u> (Area) 677-0056 Code & Daytime Te	ephone Number)	DIVISION O
STREET AD Registration S Division of C 409 E. Gaines Tallahassee, H	Section forporations s St.			MAILING ADDR Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations	FILED STATE OF CORPORATIONS
Enclosed is a	check for th	e following amo	unt:			
第 \$70.00 Fil	ing Fee	□ \$78.75 Filing Certificate of		□ \$78.75 Filing Fee Certified Copy	Certific	Filing Fee, cate of Status & ed Copy



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

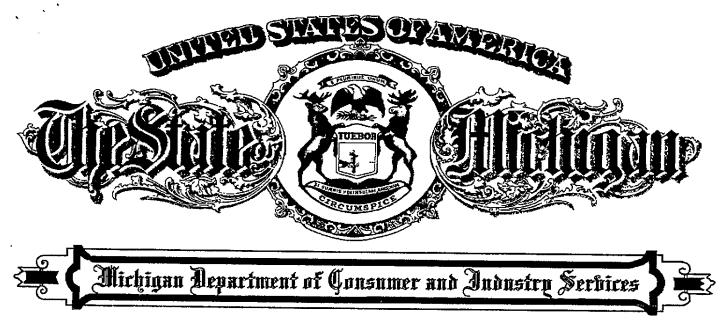
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Name of corporation; must	velopment Assoct include the word "INCORPO	RATED", "COMI	PANY", "CORPORATION"	or	
words or abbreviations of li	ke import in language as will on the name in the name	clearly indicate tha	t it is a corporation instead of	la .	
*** * *		9.0	-2243373		
(State or country under the I	aw of which it is incorporated)	(FEI number, if applicabl	e)	
4 11/30/1978		5	perophal		
(Date of incorpo	oration)	(Duration	Perpetual Year/corp. will cease to exis	t or "perpetual")	
6 Upon Q	Qualification	•			
(Date first transacted busine	ss in Florida. If corporation h	as not transacted b	ousiness in Florida, insert "up	on qualification.")	
	(SEE SECTIONS 607	7.1501, 607.1502 a	and 817.155, F.S.)	O WE	
7. 2755 Carpente	er Rd Ste 1W, Ann	Arbor, MI	48108	SION SECTION	
	(Principal offic	ce address)		型	3
2755 Carpente	er Rd Ste IW, Ann	Arbor, MI	48108	-2 GA	= -1
	(Current mailir	ng address)		PH 4: 01	0
				F. 23	-
8. Intraope	etive Monitoring				17
8. <u>Intraope</u> (Purpose(s) of corpo	ration authorized in home stat	e or country to be	carried out in state of Florida)	,
9. Name and street addre	ess of Florida registered a	gent: (P.O. Box	or Mail Drop Box <u>NOT</u> a	cceptable)	
Name: <u>H.B.</u>	Calder				 .
Office Address: 9042	23rs Street				
				. <u>.</u>	
Zephy	r Hills (City)	, Flor	rida <u>33540</u>	ے تے قا	
	(City)		(Zin code)		
	· • • • • • • • • • • • • • • • • • • •		(Zip code)		
	, ,,		(Zip code)		
10. Registered agent's ac	ceptance: gistered agent and to accep	nt service of proc	ess for the above stated co	orporation at the place	
10. Registered agent's ac Having been named as reg	cceptance: gistered agent and to accep tion. I hereby accept the ap	nt service of proc pointment as re	ess for the above stated co gistered agent and agree t	o act in this capacity.	Į
10. Registered agent's ac Having been named as reg designated in this applicat further agree to comply w	cceptance: gistered agent and to accep tion, I hereby accept the ap ith the provisions of all sta	nt service of proc pointment as rej tutes relative to	ess for the above stated co gistered agent and agree t the proper and complete p	o act in this capacity.	I
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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:	1000				
			•		
/ice Chairman:	- <u></u>		<u> </u>		
Address:					
					.•
Director:				<u> </u>	
Address:				·	<u>.</u>
		<u></u>			
Director:	-			-	<u> </u>
Address:	·		-		
		at a s	· · · · · · · · · · · · · · · · · · ·		. <u></u>
B. OFFICERS				02	SIAID
President: H.B. Calder				02 MAY	CRE
Address: 2755 Carpenter Rd Suite 1V	W, Ann Arbor,	Michigan	48108	-2	- CO
				- P	OF STATE OF STATE ORPORATIONS
Vice President:			· · ·	; O]	ATE ATIO
Address:				•	
	·	<u> </u>			
ecretary:	,			<u></u>	
Address:			·		
reasurer:		·			
Address:	<u> </u>				
NOTE: If necessary, you may attach an addendum to	the application listing	additional offic	ers and/or dir	ectors.	
3	· · · · · · · · · · · · · · · · · · ·		C.1		
(Signature of Chairman, Vice Chairman	an, or any officer listed	i in number 12 c	of the applicat	ion)	
4. H.B. Calder President (Typed or printed name and ca	anacity of narrow signi	no amiliantian			
(1 yped or printed name and ca	apacity of person signi	ng appireation)			



Lansing, Michigan

This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

ON OF CORPORATIONS

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of April, 2002

, Director

Bureau of Commercial Services