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CORPORATION(S) NAME

SecureLogix Corporation			
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 700008450057--5 -07/16/02--01049--006 \*\*\*\*\*17.50 \*\*\*\*\*17.50

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### 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. CURELOGIX CORPORAtiON (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 74-Z890ZZ3
(FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of incorporation) SALIFICAtion (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Principal office address) BOVE (Current mailing address) THES OF ENTERPRISE telephony SECURITY + MANAGEMENT (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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. **EA Wallace** Assistant Secretary

(Registered agent's signature)

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:

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A. DIRECTORS	
Chairman: SEE ATTACHED	
Address:	
Vice Chairman:	
Address:	
•	****
Director:	
Address:	-
Director:	
Address:	
B. OFFICERS	<del></del> -\$
	ALL 02
President: OEE MITIACHED	
Address:	
Vice President:	To no Company
Address:	High Soil N
Audicos.	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application l	listing additional officers and/or directors.
	-
13. (Signature of Chairman, Vice Chairman, or any officer	r listed in number 12 of the application)
· · · · · · · · · · · · · · · · · · ·	RETANY + TREASURER
To de la company Comment	- TREPISUEDE

### SecureLogix Corporation **Board of Directors Contact List**

### MEMBERS

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Gwyn Shea Secretary of State

# Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for SECURELOGIX CORPORATION (filing number: 149611500), a Domestic Business Corporation, was filed in this office on July 01, 1998.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 26, 2002.



Gwyn Shea Secretary of State