F02000003751

| TO: Registration Section Division of Corporations | |
|--|---------------|
| SUBJECT: US Bioservices Corporation | |
| (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: 50006549265— -07/22/020104600 ******70.00 ******70 | -9 4 |
| Hilde M Alter *****70.00 ******70 | J. 00 |
| (Name of Person) | ·· <u>-</u> - |
| US Biosenices Corporation | |
| 2001 K Street NW, Surte 206 E | |
| 2001 K Street NW, Surte 206 Egg 2 Washington DC 20006 | |
| (City/State and Zip code) PST IN THE STATE OF THE STATE | |
| For further information concerning this matter, please call: | |
| (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 | , 1 |
| Enclosed is a check for the following amount: | |
| \$70.00 Filing Fee \$\Bigcup \text{\$78.75 Filing Fee & Box Certificate of Status} \Bigcup \text{\$78.75 Filing Fee & Box Certified Copy} \Bigcup \text{\$87.50 Filing Fee, Certified Copy} \Bigcup \text{\$Certified Copy} \Bigcup \text{\$Certified Copy} \Bigcup \Bigcup \text{\$10.00 Filing Fee, Certified Copy} \Bigcup \text{\$10.00 Filing Fee, Certified Copy} \Bigcup \Bigcup \text{\$10.00 Filing Fee, Certified Copy} \Bigcup \Bigcu | |

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. | US Bioservices 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.) | , | | | |
| 2. | Delaware 3. 04-3599360 | | | | |
| | (3 late of country under the law of witten it is incorporated) | - | | | |
| 4. | January 15, 2002 5. Perpetual | | | | |
| | (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") | | | | |
| 6. | 04/01/02 | | | | |
| (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.) | | | | | |
| 7. | 2001 K Street Suite 206, Washington DC 2006 | | | | |
| (Principal office address) | | | | | |
| | Same | | | | |
| | (Current mailing address) | | | | |
| 8. | Pharacutical Sales | :: = = | | | |
| | (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | <u> </u> | | | |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) | | | | | |
| | Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Roumand A Mirra, Jr | : :-: | | | |
| 0 | ffice Address: 1400 & Oakland Park Blvd \$ 101-102 | | | | |
| | Pt Lauderdale Florida 33334 | | | | |
| | (City) (Zip code) | | | | |
| | Desigtered agently accompany | | | | |

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.

(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:

| A. DIRECTO | | |
|-----------------|--|--------------------------|
| | Jeffrey R Jay | |
| Address: | 2001 KSt NW State 206 | · |
| | Washington DC 20006 | |
| Vice Chairman: | Ethan D Leder | |
| Address: | 2001 K St NW Sinte 206 | |
| | Washington DC 20206 | |
| Director: | | |
| Address: | | · - |
| | Washington Dc 20004 | |
| Director: | The state of the s | · - · |
| Address: | 2001 K St NW Suite 206 | |
| | Washington DC 20004 | |
| B. OFFICER | V | |
| | Ethan D Leder | TAS 02 |
| Address: | 7-04 K ST 1/10 0. +. 700 | 02 JUL |
| 71447035. | Washington DC 2000- | FILED 22 At ARY OF |
| Vice President: | 9 | FA € U |
| Address: | | ONIO : O |
| Address. | | |
| Secretary: | Hilde M Alder | |
| Address: | 2001 / Styles S. T. 201. 11/45/201 | eton DC2000 |
| Treasurer: | Hildem Atter | |
| Address: | 2001 KSt NW, Stute 206, Washi | igton DC 2000/s |
| | | |
| NOTE: If nec | cessary, you may attach an addendum to the application listing additional officers a | and/or directors. |
| 13 | | |
| | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of th | e application) |
| 14 | (Typed or printed name and capacity of person signing application) | |
| | | |

Delaware PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "US BIOSERVICES CORPORATION" 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 TWELFTH DAY OF JULY, A.D. 2002.



AUTHENTICATION: 1881499

DATE: 07-12-02

3480853 8300

020442147