

CORPORATION(S) NAME Workspace Environments, Inc. *****70.00 *****70.00 (X) Profit () Amendment () Merger () Nonprofit (X) Foreign () Dissolution/Withdrawal () Mark () Reinstatement () Limited Partnership () Annual Report () Other ()LLC () Name Registration () Change of RA () Fictitious Name () UCC () Certified Copy () Photocopies () CUS () Call When Ready () Call If Problem () After 4:30. (x) Walk In () Will Wait (x) Pick Up () Mail Out Name 8/2/02 Order#: 5516166 Availability Document Examiner Ref#: Updater

ast Jefferson Street

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

Verifier _____ W.P. Verifier

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.	Workspace Environments, Inc.		
	(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. Being Applied For		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	•	
4.	07/26/2002 5. Perpetual	٠.	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	- 2-7:	
6.	Upon Qual		
	(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.	15500 Lightwave Drive, Suite 106, Clearwater, FL 33760	*** =	-
	(Principal office address)		
	same	20	
	(Current mailing address)	AU	
8.	Commercial furniture sales and to engage in any lawful act or activity for which corporations may be organized under any state.	6-2	
٠.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	3	03
9.		 5	
	Name: CT Corporation System	ထ :	
o	Office Address: 1200 South Pine Island Road	इसक	·
	Plantation , Florida 33324		
	(City) (Zip code)		

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.

(Registered agent's signature)

L. Miles, Asst. Secretary

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:

Address:	15500 Lightways Drive Cuity 100				111 =11			
	Clearwater El 22760		<u>*************************************</u>	<u> </u>	<u> </u>			
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Address:			-			<u>=</u> ;		
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Director:		i je		-: -: -:		<u></u>	<u></u>	<u> </u>
Address:				<u> </u>	<u> </u>	<u> </u>	<u>ئے۔۔۔۔۔۔۔</u> ز	
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Director: _				<u>,</u> 1			<u>.</u>	
Address: _						<u> </u>		
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3. OFFI					<u></u>	<u> </u>		
resident:	Russell Sasman				4.3		TAR) ASSI	FII 6-2
ddress: 1	5500 Lightwaye Drive Suite 100							- E
<u>c</u>	Clearwater, FL 33760			100			S AT	 _
	Frederick D Claments III					15.		<u> </u>
ddress: 15	5500 Lightways Duty G to to a					<u> </u>		
Cl	learwater EI 22760			<u> </u>		<u></u>		
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idress: 15	500 Lightwave Drive, Suite 106 Clearwat						-	<u>. #</u>
easurer: S	tephen F. Holste		- -					
ldress: 155	500 Lightwave Drive, Suite 106 Clearwate	er, FL 33760				<u> </u>		<u></u>
	lecessary, you may attach an addendun	n to the applica						15 minutes
	(Signature of Chairman, Vice Chair	rman, or any o	fficer listed i	n numbe	r 12 of the a	pplicatio	n)	<u> </u>
	G. Lewin, Asst. Secretary							

Officers & Directors

1. Full Name: Officer/Director: Officer's Title: Director's Title: Business Address:

> City: State: ZIP Code:

2. Full Name: Officer/Director: Officer's Title: Business Address:

> City: State: ZIP Code:

3. Full Name: Officer/Director: Officer's Title: Business Address:

City: State: ZIP Code:

4. Full Name: Officer/Director: Officer's Title: Business Address:

City: State: ZIP Code:

5. Full Name: Officer/Director: Officer's Title: Business Address:

City: State: ZIP Code: Richard R. Arnoldy Officer, Director Chief Executive Officer Chairman

15500 Lightwave Drive, Suite 106 Clearwater

FL 33760

Stephen F. Holste Officer, Director Secretary & Treasurer 15500 Lightwave Drive, Suite 106 Clearwater FL 33760

Frederick P. Clements, III Officer, Director Vice President

15500 Lightwave Drive, Suite 106

Clearwater FL 33760

Russell Sasman Officer, Director President

15500 Lightwave Drive, Suite 106

Clearwater FL33760

Thomas G. Lewin

Officer Assistant Secretary 101 S. Hanley Road, #1600 St. Louis

MO 63105 **58**

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WORKSPACE ENVIRONMENTS, 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 THIRTY-FIRST DAY OF JULY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Windson Socretary of State

AUTHENTICATION: 1913815

DATE: 07-31-02

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