

F02000005079

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

PSI Group, 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:

Chad Poole

(Name of Person)

PSI Group, Inc.

(Firm/Company)

400008236884--2
-10/07/02-01054-010
*****87.50 *****87.50

10011 J St

(Address)

Omaha, NE

68127-1189

(City/State and Zip code)

For further information concerning this matter, please call:

Chad Poole

(Name of Person)

at (402) 596-7911

(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 &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 OCT -7 AM 10:28

FILED

F02-5079
JR

**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. PSI Group, 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. 47-0794215
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 4, 1995 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 10011 J St Omaha, NE 68127-1189
10011 J St Omaha, NE 68127-1189
(Current mailing address)

8. PSI Group, Inc. presorts mail for its clients.
(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)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(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.

Christine M. Eastwine
(Registered agent's signature) **Christine M. Eastwine**
Assistant 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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:

SEE ATTACHED

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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TALLAHASSEE, FLORIDA

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.



(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

ROBERT F. KROHN, CHIEF EXECUTIVE OFFICER

(Typed or printed name and capacity of person signing application)

PSI Group, Inc
 Director/Officer Home Addresses
 2002

Directors					
Name	Street	City	State	Zip	Work Phone
Arlen F. Henock	One Elmcraft Road	Stamford	CT	06926-0700	203.356.5000
Michael Monahan	One Elmcraft Road	Stamford	CT	06926-0700	203.356.5000
Steven J. Green	One Elmcraft Road	Stamford	CT	06926-0700	203.356.5000

Officers					
Name	Title	Street	City	State	Zip
Robert F. Krohn	CEO	10011 J St	Omaha	NE	68127-1189
Jay A. Oxton	COO	10011 J St	Omaha	NE	68127-1189
Michael Monahan	President	One Elmcraft Road	Stamford	CT	06926-0700
Arlen F. Henock	Vice President and Assistant Treasurer	One Elmcraft Road	Stamford	CT	06926-0700
Dessa M. Bokides	Treasurer	One Elmcraft Road	Stamford	CT	06926-0700
Amy C. Corn	Secretary	One Elmcraft Road	Stamford	CT	06926-0700
Patricia M. Johnson	Assistant Secretary	One Elmcraft Road	Stamford	CT	06926-0700

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Board_ExecsHomeAddresses.xls; PBI Business

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 10/01/2002

Delaware

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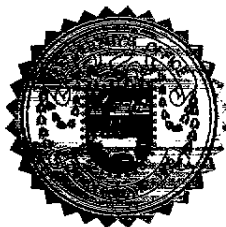
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSI GROUP, 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 FIFTH DAY OF JULY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSI GROUP, INC." WAS INCORPORATED ON THE FOURTH DAY OF AUGUST, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2530710 8300

AUTHENTICATION: 1870010

020416830

DATE: 07-05-02