F02000006067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

FILED
02 DEC -6 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION SYSTEM

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02 DEC -6 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 6, 2002

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5696773 WO
Customer Reference 1: None
Customer Reference 2: Mariana Qualification

Dear Secretary of State, Florida:

Please file the attached:

Mariana HDD (U.S.), Inc. (DE)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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SECRETARY OF STATE
TALLAHASSEE 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. Mariana HDD (U.S.), 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
(State or country under the law of which it is incorporated)

3. 48-1280899
(FEI number, if applicable)

4. 08/29/2002
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2003
(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. 5600 Cottle Road, San Jose, CA 95193
(Principal office address)

same
(Current mailing address)

8. any and/or all lawful business
(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 (City), 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.

C T Corporation System

By: Connie Bryan
(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. DIRECTORS *SEE ATTACHMENT*

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TALLAHASSEE, FLORIDA

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS *SEE ATTACHMENT*

President: Richard Obetz

Address: New Orchard Road

Armonk, NY 10504

Vice President: Simon Beaumont

Address: New Orchard Road

Armonk, NY 10504

Secretary: Andrew Bonzani

Address: New Orchard Road Armonk, NY 10504

Treasurer: Bruce Maggin

Address: Old Orchard Road North Castle, NY 10504

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. Richard J. Obetz, President
(Typed or printed name and capacity of person signing application)

Attachment to Florida

Officers & Directors

1.
Full Name:	Richard Obetz
Officer/Director:	Officer,Director
Officer's Title:	President
Business Address:	New Orchard Road
City:	Armonk
State:	NY
ZIP Code:	10504

2.
Full Name:	Simon Beaumont
Officer/Director:	Officer,Director
Officer's Title:	Vice President
Business Address:	New Orchard Road
City:	Armonk
State:	NY
ZIP Code:	10504

3.
Full Name:	Bruce Maggin
Officer/Director:	Officer,Director
Officer's Title:	Treasurer
Business Address:	Old Orchard Road
City:	North Castle
State:	NY
ZIP Code:	10504

4.
Full Name:	Andrew Bonzani
Officer/Director:	Officer
Officer's Title:	Secretary
Business Address:	New Orchard Road
City:	Armonk
State:	NY
ZIP Code:	10504

5.
Full Name:	James Dumanowski
Officer/Director:	Officer
Officer's Title:	Vice President
Business Address:	5600 Cottle Road
City:	San Jose
State:	CA
ZIP Code:	95193

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARIANA HDD (U.S.), 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 SIXTH DAY OF DECEMBER, A.D. 2002.

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3563779 8300

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AUTHENTICATION: 2126529

DATE: 12-06-02