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DIVISION OF STATE

  
CT CORPORATION

December 17, 2002

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

**FILED**  
02 DEC 17 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5746829 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

MHM Solutions, 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,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@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**

*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.*

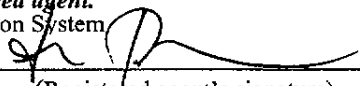
1. MHM SOLUTIONS, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. 60-0002002  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12-14-01 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 7-1-02  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 8605 WESTWOOD CENTER DRIVE, SUITE 400  
VIENNA, VA 22182  
(Current mailing address)
8. STAFFING 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, Florida, 33324  
(Zip code)

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TALLAHASSEE FLORIDA

**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

  
(Registered agent's signature)

**Anusha Putty**  
**Vice President and**  
**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)

**A. DIRECTORS** (Street address only - P.O. Box NOT acceptable)

Chairman: MICHAEL PINKERT

Address: 8605 WESTWOOD CENTER DRIVE, SUITE 400  
VIENNA, VA 22182

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: STEVEN WHEELER

Address: 8605 WESTWOOD CENTER DRIVE, SUITE 400  
VIENNA, VA 22182

Director: PATRICK CHUNN

Address: 8605 WESTWOOD CENTER DRIVE, SUITE 400  
VIENNA, VA 22182

**B. OFFICERS** (Street address only - P.O. Box NOT acceptable)

President: STEVEN WHEELER

Address: 8605 WESTWOOD CENTER, DRIVE, SUITE 400  
VIENNA, VA 22182

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: PATRICK CHUNN

Address: 8605 WESTWOOD CENTER DRIVE, SUITE 400  
VIENNA, VA 22182

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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. \_\_\_\_\_

PATRICK CHUNN, CEO + SECRETARY  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

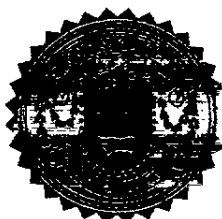
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHM SOLUTIONS, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2002.

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

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



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3468443 8300

AUTHENTICATION: 2150669

020773746

DATE: 12-16-02