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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

REF# 0715.12227

FOREIGN PROFIT QUALIFICATION

EDO PROFESSIONAL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,070.00

\* NO PENALTY  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EDO PROFESSIONAL SERVICES 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:

William J. Frost

(Name of Person)

EDO CORPORATION

(Firm/Company)

60 East 42nd Street Suite 5010

(Address)

New York, NY 10165

(City/State and Zip code)

For further information concerning this matter, please call:

William J. Frost

(Name of Person)

at (212) 716-2000

(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

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FILED  
CORPORATION DIVISION  
TALLAHASSEE, FL 32314

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**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. EDO PROFESSIONAL SERVICES 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.**

(FBI number, if applicable)

**4. June 4, 1998**

(Date of incorporation)

**5. perpetual**

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

**6. Dec 31, 2002**

(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. 3702 Thomas Drive Panama City Beach, FL 32408**

(Principal office address)

60 East 42nd Street Suite 5010 New York, NY

(Current mailing address)

**8. All legal business including but not limited to supply and technology services.**

(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: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee

(City)

, Florida 32301

(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.*

NRAI Services, Inc.

By: 

(Registered agent's signature)

JOE MIRRIONE, VICEPRESIDENT

**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.**

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

## A. DIRECTORS

Chairman: James M. SmithAddress: 60 East 42nd Street Suite 5010New York, NY 10165

Vice Chairman: \_\_\_\_\_

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

Director: Frederic B. BassettAddress: 60 East 42nd Street Suite 5010New York, NY 10165Director: William J. FrostAddress: 60 East 42nd Street Suite 5010New York, NY 10165

## B. OFFICERS

President: James M. SmithAddress: 60 East 42nd Street Suite 5010New York, NY 10165Vice President: Milo HydeAddress: 1801-E Sara DriveChesapeake, VA 23320Secretary: William J. FrostAddress: 60 East 42nd Street Suite 5010 New York, NY 10165Treasurer: Frederic B. BassettAddress: 60 East 42nd Street Suite 5010 New York, NY 10165

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. William J. Frost Secretary

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

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# Delaware

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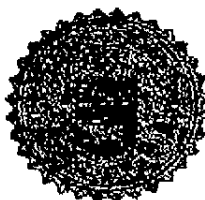
## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDO PROFESSIONAL SERVICES 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 NINTH DAY OF JANUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDO PROFESSIONAL SERVICES INC." WAS INCORPORATED ON THE FOURTH DAY OF JUNE, A.D. 1998.

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

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AUTHENTICATION: 2185800  
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DATE: 01-09-03