

FO3000000387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

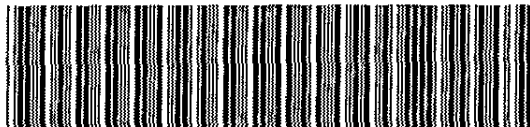
(Business Entity Name)

(Document Number)

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Office Use Only



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02/05/04--01049--020 \*\*35.00

FILED  
04 FEB 26 PM 1:05  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SHARON KLEIN GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT #4 date of change  
DATE 25 3/2/04  
DOC EXAM

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ELECTRONIC IMAGE SYSTEMS, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** F03000000387

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARON KLEIN  
(Name of person)

BARCO, INC.  
(Name of firm/company)

3240 TOWN POINT DRIVE STE 100  
(Address)

KENNESAW, GA 30144  
(City/state and zip code)

For further information concerning this matter, please call:

SHARON KLEIN at 770-218-3325  
(Name of person) (Area code & daytime telephone number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|---|

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 12, 2004

SHARON KLEIN  
BARCO, INC.  
3240 TOWN POINT DR, SUITE 100  
KENNESAW, GA 30144

SUBJECT: ELECTRONIC IMAGE SYSTEMS, INC.  
Ref. Number: F03000000387

We have received your document for ELECTRONIC IMAGE SYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment should be accompanied by an original certificate from the domicile state issued within the past 90 days evidencing the change.

The document must have original signatures. *This is an original signature.*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 504A00009762

RECEIVED  
04 FEB 25 AM 8:12  
DIVISION OF CORPORATIONS

*This is an original certificate. Ohio issues these certificates on-line and they it is printed in our office*

*Sharon Klein  
2/20/04*

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1 - 3 MUST BE COMPLETED)**

F03000000387

(Document number of corporation (if known))

**FILED**  
04 FEB 26 PM 1:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

1. ELECTRONIC IMAGE SYSTEMS, INC.

(Name of corporation as it appears on the records of the Department of State)

2. OHIO

(Incorporated under laws of)

3. 1/24/2003

(Date authorized to do business in Florida)

**SECTION II**  
**(4 - 7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 1/16/2004

5. BARCOSTIMULATION, INC.

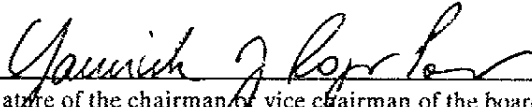
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

  
(Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

YANNICK J. ROGER POST

(Typed or printed name)

1/28/2004  
(Date)

ASSISTANT SECRETARY

(Title)

Doc ID --&gt; 200401602206



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/20/2004	200401602206	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	.00	00	.00

**Receipt**

This is not a bill. Please do not remit payment.

KYLE BENNETT  
3240 TOWN POINT DR., 100  
KENNESAW, GA 30144

## STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, J. Kenneth Blackwell**

621928

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**BARCOSIMULATION, INC.**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC/AMENDMENT TO ARTICLES**

Document No(s):

**200401602206**

United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 16th day of January, A.D.  
2004.

*J. Kenneth Blackwell*  
Ohio Secretary of State

Doc ID --&gt; 200401602206

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
 Central Ohio: (614) 466-3910  
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos  
 e-mail: buserv@sos.state.oh.us

Expedite this Form: please don't

Mail Form to one of the Following:

☒ Yes PO Box 1390  
 Columbus, OH 43216  
 -- Requires an additional fee of \$100 --  
☐ No PO Box 1028  
 Columbus, OH 43216

**Certificate of Amendment by  
 Shareholders or Members  
 (Domestic)  
 Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit <input type="checkbox"/> Amended (123-AMAP)	PLEASE READ INSTRUCTIONS <input checked="" type="checkbox"/> Amendment (124-AMDS)	(2) Domestic Non-Profit <input type="checkbox"/> Amended (125-AMNP)	<input type="checkbox"/> Amendment (126-AMD)
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Complete the general information in this section for the box checked above.

Name of Corporation Electronic Image Systems, Inc.  
 Charter Number 821928  
 Name of Officer William Charles Grosse  
 Title Vice President of General Services/General Coun:

☐ Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

☒ A meeting of the ☒ shareholders ☐ directors (non-profit amended articles only)  
☐ members was duly called and held on December 1, 2003  
 (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative  
 vote was cast which entitled them to exercise 100 % of the voting power of the corporation.

☒ In a writing signed by all of the ☐ shareholders ☐ directors (non-profit amended articles only)  
☐ members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the  
 articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede  
 and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked.

Doc ID --&gt; 200401602206

If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: BarcoSimulation, Inc.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

Bellbrook  
(city, village or township)Greene  
(county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: \_\_\_\_\_  
(Does not apply to box (2))

**REQUIRED**  
Must be authenticated  
(signed) by an authorized  
representative  
(See instructions)

[Signature]  
Authorized Representative  
William Charles Grosse  
(Print Name)  
Vice President of General Services/General Coun  
Officer of the Corporation and Sole Shareholder

12-23-03  
Date

\_\_\_\_\_  
Authorized Representative  
(Print Name)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date