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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

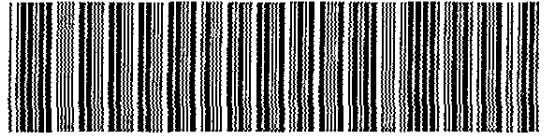
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/09/02--01054--002 \*\*70.00

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STATE OF ALABAMA  
TALLADEGA COUNTY

03 FEB 05 AM 10:19

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F03-951  
CR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

December 10, 2002

MAURA CORRIGAN  
4700 DE LA SAVANE, SUITE 101  
MONTREAL, QUEBEC CANADA, H4P-1T7

SUBJECT: OPTIMAL ROBOTICS INC.  
Ref. Number: W02000034537

We have received your document for OPTIMAL ROBOTICS INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 202A00065233

Division of Corporations  
Tallahassee, Florida

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPTIMAL Robotics 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:

MAURA CORRIGAN  
(Name of Person)

OPTIMAL Robotics INC.  
(Firm/Company)

4700 DE LA SAVANE, SUITE 101  
(Address)

MONTREAL, QUEBEC, CANADA H4P 1T7  
(City/State and Zip code)

For further information concerning this matter, please call:

MAURA CORRIGAN at (514) 738-8885  
(Name of Person) (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

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. Optimal Robotics 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. 12-1825334  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 7, 1999 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JUNE 1, 2001  
(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. 4700 DE LA SAVANE, SUITE 101, MONTREAL, QUEBEC, CANADA H4P 1T7  
(Principal office address)

SAME  
(Current mailing address)

8. SALE & SERVICE OF AUTOMATED SELF-CHECKOUT SYSTEMS  
(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: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, Florida 33324  
(City) (Zip code)

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SECRETARY OF STATE  
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.

Robin LaPeters  
(Registered agent's signature)

Robin LaPeters  
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 business addresses of officers and/or directors:

A. DIRECTORS

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

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

SEE ATTACHED LISTING

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

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

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

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

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

Secretary: \_\_\_\_\_

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

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. O. BRADLEY MCKENNA, VICE PRESIDENT

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**OPTIMAL ROBOTICS INC.**  
**FEIN #14-1825334**  
**OFFICER & DIRECTORS**

<b>Name</b>	<b>Title</b>
Henry M. Karp	President, Chief Operating Officer, Secretary, Director
Frank Alcaraz	Vice-President, Operations
Catherine Rotiroti	Vice-President, Project Management
Martin J. Reiss	Vice-President, Sales and Special Accounts
Jeff Powers	Vice President, Sales and Business Development
O. Bradley McKenna	Vice-President, Administration and Human Resources
Holden L. Ostrin	Director
James S. Gertler	Director
Thomas D. Murphy	Director
Jonathan J. Ginns	Director

*NOTE: ALL OFFICERS & DIRECTORS ADDRESSES ARE:*

*4700 DE LA SAVAANLE  
SUITE 101  
MONTREAL, QUEBEC  
CANADA H4P 1T7.*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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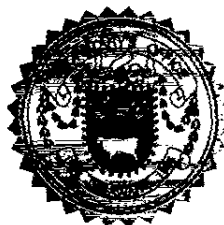
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# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTIMAL ROBOTICS, 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 SECOND DAY OF OCTOBER, A.D. 2002.



3104890 8300

020607756

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2014502

DATE: 10-02-02