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(Re	equestor's Name)
(Ac	idress)
(Ac	idress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Coples	Certificates of Status
Special Instructions to	Filing Officer:
	416
	Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WESTGATE SOFTWARE SECURITY, 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:	
MARINUS LEIDELMEYER, CFO	į.
(Name of Person)	
WESTGATE SOFTWARE SECURITY, INC.	
(Firm/Company)	Ť
149 SUNNY BROOK ROAD	
(Address)	
LIMERICK, PA 19468	-
(City/State and Zip code)	, j
For further information concerning this matter, please call:	
MARINUS LEIDELMEYER, CFO at (267) 918-6547	· .
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: 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	

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.

, WESTGAT	TE SOFTWARE SECURITY, INC	•	,		- 4 yes	ڪي. د	¥.		<u>.</u>
words or abbrev	ration; must include the word "INCORPOR rations of like import in language as will cle repartnership if not so contained in the name	arly ind	icate tha	ANY", "C	ORPORATI poration inst	ON" or ead of a			
2. STATE OF	DELAWARE	3. 6	1-1433	3591			. <u>.</u>		
	under the law of which it is incorporated)			(FE1 nu	mber, if app	licable)	-		
4 01/02/20	003	5.	PERF	PEŢUAL					
(Dat	e of incorporation)	(D	uration:	Year corp.	will cease to	o exist or	"perpetual"	")	
6. UPON Q	JALIFICATION		-	=	an ethan		د د مور <u>د</u>	•	:
	cted business in Florida. If corporation has (SEE SECTIONS 607.1)					t "upon q	ualification	n.")	-
_{7.} 53 SHEL	LEY ROAD, HOLLAND, PA 1896	6		. = .		ساء ديد	- Eco	_	
· · · · · · · · · · · · · · · · · · ·	(Principal office	(ddress)				Eq.	_ದ	
149 SUN	NY BROOK ROAD, LIMERICK, F	A 194	168	<u>.</u>	<u> </u>			- APR	"[]
	(Current mailing	iddress)	}				S	57	
8. SOFTWAR	RE PUBLISHER			_ مرخول ا	j. jv sal			AM	
(Purpose)	s) of corporation authorized in home state of	countr	y to be c	arried out i	n state of Flo	orida)		2 3	
9. Name and str	eet address of Florida registered ager	it: (P.	O. Box	or Mail D	rop Box <u>N</u> C	<u>)T</u> accer	otable)	45	
Name:	MARSHA BELINSON	1. F ⁻² -	-	.#-4 	, t · · · · ·	e- (j	₩		. ,
Office Address:	1221 SW 46TH AVENUE		<u>.</u>		-			•	•
	DEERFIELD BEACH	**	, Flor	ida 3344	2			_	
	(City)		_,		code)				
10. Registered a	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.

Marka Belenson (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. DIRE	CCTORS							
Chairman:			<u> 1 </u>		<u> </u>			
Address:	tie 11 maart 12 maar		<u></u>	1,1 1	<u> </u>	<u>, y : ,</u>	<u></u>	
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Vice Chair	rman.		- 	-	AND STATE OF STATE	**	*4.*	
	man,	,		- : :	727 x 7			
Address:	, , , , , , , , , , , , , , , , , , ,					·	_ 	
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Director:					<u> </u>	·	 ;	
Address:			_ 			-	-03	
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Director:	·		<u></u>	· · ·	<u> </u>	_	PR	
Address:				.4		- # <u>~</u>	<u>জ</u>	1
				<u></u>		- 1	1H 9	121
B. OFFI	CERS				•		: 24	**************************************
	JOSEPH TURBOVSKY					**		
President:	53 SHELLEY RD	<u></u>		<u></u>		· · · · · · · · ·	, ,	<u> </u>
Address:	HOLLAND, PA 18966		<u>ي ي</u> قيشي <mark>ق _هد</mark>	<u> </u>		<u> </u>		
								
Vice Presi				<u> :</u>			 :	<u>:</u>
Address:	53 SHELLEY RD						• •	<u></u>
. ,	HOLLAND, PA 18966			<u></u>	· · · · · · · · · · · · · · · · · · ·			
Secretary:	MARSHA BELINSON	·	· ·	<u> </u>		<u>,</u> ,	:	· ;
Address:	1221 SW 46TH AVENUE,	DEERFIELD	BEACH, F	L 3344	42	įu.		<u> </u>
Treasurer:	MARINUS LEIDELMEYE	R	··	* <u>.</u>	عرب الأراث ا الأعمال الأراث الأر	4		¥
Address:	149 SUNNY BROOK RD,	LIMERICK, P	A 19468	2 1				· ·
Address.		<u>·····································</u>			<u></u>	<u> </u>		
NOTE:	If necessary, you may attach an a	ddendum to the	application li	isting ad	ditional officer	s and/or di	rectors	·•
13.	106 Yo. 00. V.				. જા ત			
	(Signature of Chairman)	ice Chairman, o	or any officer	listed in	number 12 of	the applica	ition)	·
14M	ARINUS LEIDELMEYER, C		<u> </u>	<u></u>	<u></u>			• · · · · · ·
	(Typed or printed	name and capac	ity of person	signing	application)			



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WESTGATE SOFTWARE SECURITY, 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 TWENTY-FIRST DAY OF MARCH, A.D. 2003.



Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State

3608375 8300 AUTHENTICATION: 2322493

030182101 DATE: 03-21-03