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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	•					
SUBJECT: CVSTom	INDEX, INC.					
(Name of corporation - must include suffix)						
Dear Sir or Madam:						
	reign Corporation for Authorization to Transact Business in Florida", eck are submitted to register the above referenced foreign corporation					
Please return all correspondence	concerning this matter to the following:					
POBERT TIEFEN						
	(Name of Person)					
CUSTOM INDEX	(Firm/Company)					
	(Firm/Company)					
SO FURLER ST.						
	(Address)					
TOTOWA, NJ	0/3/2					
	(City/State and Zip code)					
For further information concerning	g this matter, please call:					
FREDERICK P CARDINALE	(Name of Person) (Area Code & Daytime Telephone Number)					
(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 follow	ing amount:					
<b>→</b> •	75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, ificate of Status Certified Copy 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.

·	M INDEX, INC.				
words or abbrevi	ation; must include the word "INCO ations of like import in language as	s will clearly indic	cate that it is a corporation i		
natural person or	partnership if not so contained in t	the name at preser	1t.)		
2. NEW	TERSEY under the law of which it is incorporate	3	22-2393601		_
(State or country	under the law of which it is incorpo	orated)	(FEI number, if	applicable)	
4. 7/1/	982 of incorporation)	5. <u></u>	PERPETUAL  [Duration: Year corp. will cease to exist or "perpetual"]		_
(Date	of incorporation)	(Du	(Duration: Year corp. will cease to exist or "perpetual")		
5. JANUA	eted business in Florida. If corpora				
(Date first transac	cted business in Florida. If corpora	tion has not trans	acted business in Florida, in	nsert "upon qualification."	"
	(SEE SECTION	IS 607.1501, 607.	.1502 and 817.155, F.S.)		
1. 50 P	FURLER ST	TOTOWA,	NT 07512		_
	(Principa	d office address)			
50 F	URLER ST	TOTOWA,	VT 07512		_
	(Current	mailing address)		3 _	
3. MANU	FACTURING FILE IN	DEXING C	OMPONENTS	्र उ	
	s) of corporation authorized in hom			f Florida) 🚊 🎵	7
9. Name and stre	eet address of Florida register	ed agent: (P.O	. Box or Mail Drop Box	NOT acceptable)	<del></del>
	_		•	5	
Name: _	ROBERT TIEFEN BAC	HER	•		
Office Address:	205 NATIONAL PLAC	E, UNIT 12	.3		
	LONGWOOD	·	, Florida 32750		
-	(City)		(Zip code)	-	

## 10. Registered agent's acceptance:

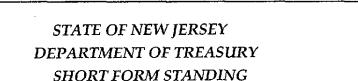
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(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. DIRECTORS		
Chairman: ROBERT TIEFENBACHER	4	<u> </u>
Address: 80 CAROL PLACE		
WAYNE, NJ 07470		
Vice Chairman: DAVID S NORTH		<u> </u>
Address: 41 BASSWOOD TERRACE		
WAYNE, NJ 07470		
Director:		
Address:	<u> </u>	
<u>~</u>	the state of the s	e time
Dírector:		· .
Address:	<u></u>	A S
B. OFFICERS		<u> </u>
President: ROBERT TIEFENBACHER	Sec. 1 5 5	2 7
Address: 80 CAROL PLACE		1
WAYNE, NJ. 07470		ukur
Vice President: DAVID S NORTH		
Address: 41 BASS WOOD TERRACE		
Secretary:		*: a ** ** a
Address:		
Treasurer:	<u>. +</u>	***
Address:		<u></u>
	÷	
NOTE: If necessary, you may attach an addendum to the app	lication listing additional office	ers and/or directors.
13. X (Signature of Chairman, Vice Chairman, or an	au officentiated in mumber 12 c	Sthe amplication)
14. ROBERT TIEFEN B.		
(Typed or printed name and capacity	of person signing application)	DENT



CUSTOM INDEX, INC.

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on March 1, 1982.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

1999

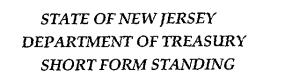
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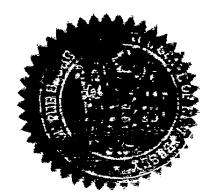
I further certify that the registered agent and registered office are:

Robert Tiefenbacher 50 Furler Street Totowa, NJ 07512

Continued on next page . . .



CUSTOM INDEX, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of May, 2003

John E McCormac, CPA State Treasurer