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FOREIGN PROFIT QUALIFICATION

AVLB, Inc.

Certificate of Status	0
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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.

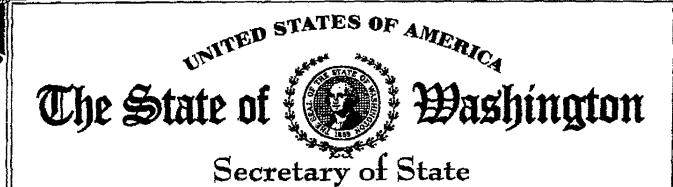
	coration; must include the word "INCORPORA eviations of like import in language as will cleater or partnership if not so contained in the name	ATED", "COMPANY", "CORPORATION" or arly indicate that it is a corporation instead of a sat present.)
2. WASHINGTO	אכ	3. 91-2191190
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)
4. 06/17/2003		5. PERPETUAL
(Da	ste of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUAL		
(Date first trans	acted business in Florida. If corporation has a (SEE SECTIONS 607.15	not transacted business in Florida, insert "upon qualification." i01, 607,1502 and 817,155, F.S.)
7. 15913 E. EUC	LID AVE, SPOKANE, WA 99216	
	(Principal office as	ddress)
15913 B. EUC	LID AVE, SPOKANE, WA 99216	en sala
	(Current mailing ac	ddress)
8. The developme	ent and marketing of modular cartridge-based	louis control of the second of
	CHE MINE STREET COLUMN COL STREET CHEST COLORS COLO	, proton exchange membrane fuel cell technology.
(Purpose	(s) of corporation authorized in home state or	proton exchange membrane fuel cell technology. country to be carried out in state of Florida)
(Purpose	(s) of corporation authorized in home state or	country to be carried out in state of Florida) t: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose 9. Name and <u>st</u>	(s) of corporation authorized in home state or	country to be carried out in state of Florida)
(Purpose 9. Name and at Name:	(s) of corporation authorized in home state or rect address of Florida registered agent	country to be carried out in state of Florida)
(Purpose 9. Name and at Name:	c(s) of corporation authorized in home state or rect address of Florida registered agent CT Corporation System 1200 South Pine Island Road,	country to be carried out in state of Florida) : (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose 9. Name and at Name:	c(s) of corporation authorized in home state or rect address of Florida registered agent CT Corporation System	country to be carried out in state of Florida)
(Purpose 9. Name and at Name: Office Address: 10. Registered a Having been not designated in thi further agree to	c(s) of corporation authorized in home state or rect address of Florida registered agent CT Corporation System 1200 South Pine Island Road, Plantation, (City) agent's acceptance: med as registered agent and to accept ser is application, I bereby accept the appoint comply with the provisions of all statutes familiar with and accept the obligations CT Corporation.	country to be carried out in state of Florida) t: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324 (Zip code) vice of process for the above stated corporation at the interest as registered agent and agree to act in this capair relative to the proper and complete performance of my position as registered agent. ion System ASA VP

PLOID - IDANIES CT System Collins

under the law of which it is incorporated.

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12. Matthe and Dushiess andiesses of directs without fitteerols:	
A. DIRECTORS - Chairman: Michael Sherman	
Address: 15913 E. EUCLID AVE, SPOKANE, WA 99216	······································
Andress: 13713 A. BOCCID AVIS, dr Ostoria, WA 77210	
Vice Chairman: Director: Naser Partovi	
Address: 15913 R. EUCLID AVE, SPOKANE, WA 99216	
Director: J. Michael Davis	**************************************
Address: 15913 E. EUCLID AVE, SPOKANE, WA 99216	
	. 93
Director: Adam Lichtenstein	30 FP
Address: 15913 B. BUCLID AVE, SPOKANE, WA 99216	77 P
	100
B. OFFICERS	
President: J. MICHAEL DAVIS	
Address: 15913 E. EUCLID AVE, SPOKANB, WA 99216	
Vice President: PETER CHRISTENSEN, VP Engineering and Technology, & V	/ILLIAM FUGLEVAND, VP, Research & Develops
Address: 15913 E. EUCLID AVE, SPOKANE, WA 99216	
Secretary: CHRISTIE ALLEN	
Address: 15913 B. EUCLID AVE, SPOKANE, WA 99216	
Treasurer: MARY CAMERON,	
Address: _15913 E. EUCLID AVB, SPOKANE, WA 99216	
NOTE: If necessary, you may attach an addendum to the application listing. (Rejection College)	ng additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer list	ed in number 12 of the application)
14. CHRISTIE ALLEN, CORPORATE SECRETARY	
(Typed or printed name and capacity of person sig	ning application)



I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

AVLB, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on June 19, 2003.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.

Date: September 24, 2003

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State

