

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000291503 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

FOREIGN PROFIT QUALIFICATION

Innaphase Corporation

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Wackronic Filling Manua

Corporate Filing

Public Accessition

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. InnaPhase (Enter name of		ED," "COMPANY," "CORPORATION,"
	Corp," "Inc," "Co," or "Corp.")	,
(If name unavai	lable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
2. Delaware		3. 23-2960391
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. April 21, 19	98	5. perpetual
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. July 3, 3	2003	——————————————————————————————————————
	cted business in Florida. If corporation has	s not transacted business in Florida, insert "upon qualification.") i501, 607.1502 and 817.155, F.S.)
, 1601 Cherry	Street, Suite 1200, Philadelphia,	, PA 19102
	(Principal office	
see above		me. Z
	(Current mailing	address)
Any lawful p	urpose	and the second s
(Purpose(s) of corporation authorized in home state o	or country to be carried out in state of Florida)
). Name and <u>str</u>	eet address of Florida registered agen	at: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Ros	ag
-	Plantation	Florida 33324
_	(City)	(Zip code)
Decistored of	gantie agnentances	

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.

JAMES NEWSOME
SPECIAL ASSISTANT SECRETARY

(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:

(Signature of Director or Officer listed in number 12 of the application)

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

14. Peter J. Brennan, Secretary

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNAPHASE CORPORATION" 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-FIFTH DAY OF SEPTEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Warriet Smith Windson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2654873

DATE: 09-25-03

2880378 8300

030619362