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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: New Definitions, Incorporated	
	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to a transact business in Florida.	
Please return all correspondence concerning this matter	to the following:
Lee Wise	
(Name of	Person)
New Definitions, Incorporated	and the second s
(Firm/Co	mpany)
1000 Station Dr. Suite 110	
(Add	ress)
DuPont, WA 98327	
(City/State	and Zip code)
For further information concerning this matter, please of	eall:
Lee Wise at (253	) 565-1203 Ext. 104
	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:	
Ø \$70.00 Filing Fee	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

I. New Defin	itions, Incorporated	a - 1 <del>1 1 1 1</del> 1 1 1 1 1 1 1 1 1 1 1 1 1 1	وه هي شما تاتين داري داري و ال	المعادية المعادية	7
	f corporation; must include " "Corp," "Inc," "Co," or "Corp		," "COMPANY," "CORPORATI	ion,"	
NDI				entra de la composition della	<b>;</b>
(If name unava	ailable in Florida, enter alterr		adopted for the purpose of transac	cting business in Florida)	•
2. Washington	n	3	91-1642270	<b>7</b> .	
	ry under the law of which it i	is incorporated)	(FEI number, if a	pplicable)	
4. June 10, 1	.994	<u> </u>	Perpetual		
	ate of incorporation)	<u> </u>	(Duration: Year corp. will cease	e to exist or "perpetual")	
6. Upon Quali	fication		to the second of the second of		₹
		f corporation has no	t transacted business in Florida, in	sert "upon qualification.")	-
	(SEE SI	ECTIONS 607.150	1, 607.1502 and 817.155, F.S.)		
7. 1000 Static	on Dr. Suite 110 DuPor	nt, WA 98327	e <u>a angla a garang</u> ang	<u> </u>	<b>2</b> 1.
•	·. · · · (	Principal office add	lress)		
1000 Statio	on Dr. Suite 110 DuPor	at, WA 98327	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Fr > ra=" au
	(	Current mailing add	lress)		
8. Expansion	and provide a presenc	e in eastern se	aboard	·	
(Purpose	e(s) of corporation authorized	d in home state or c	ountry to be carried out in state of	Florida)	
9. Name and st	reet address of Florida r	egistered agent:	(P.O. Box or Mail Drop Box N	OT acceptable)	
			( · · · · · · · · · · · · · · · · · · ·	93 AL	
Name:	Jeffry B. Jones		<del></del>	O3 OCT	her dividi
Office Address:	354 Brazilian Ave. Su	uite 3		T-2	
				المعتامية المعار	
	Palm Beach		, Florida 33480		
	(City)		(Zip code)	55 <b>f</b>	-
10. Registered	agent's acceptance:	-		지 <b>10</b>	
		and to accept serv	ice of process for the above stat	ted corporation at the pla	ace
			nent as registered agent and ag		
			elative to the proper and comp	lete performance of my (	duties
and I am famili	ar with and accept the obl	ligations of my po	sition as registered agent.		
	///				
	1 Stay	$()$ $\angle$	<del></del> ,		
••	(Registere	d agent's signature	<del></del>	<del></del>	- •

- 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. DIK	ECTORS ,						
Chairmar	None None	w 130 384 g5	سر يد ايس 🐧	Jul # 1, 11			<u>; ; ; ; , , , , , , , , , , , , , , , ,</u>
Address:	None	-	<u> </u>			<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
	None			·			<u> </u>
Vice Cha	nirman: None	· · · · · · · · · · · · · · · · · · ·	. Mr.		<u></u>	(72)	<u></u>
Address:	None	u maa'			<b></b>	<u> </u>	
	None						
Director:	Stan Kwieciak		2				
	1000 Station Dr. Suite 110				25 <b>3 88</b> 2 1 7 7 7 7 1	*	
	DuPont, WA 98327					· ·	ا ما ما ما ما ما ما
Director:	Ben Wedding				/ <u>~</u>	***************	
100	1000 Station Dr. Suite 110	7 1 1 1 1 1 1		<u> </u>			1 (1)-12
	DuPont, WA 98327	Land the Art of the State of th					
B. OFF	TICERS	·—, ·— ·- ·-					
	/CEO Stan Kwieciak	er e	ر نیشت د		-	5.	7. mg 7. mg
	1000 Station Dr. Suite 110					. 1	<del></del> ,
11441000	DuPont, WA 98327		<u> </u>		<u></u>	- is	
Vice Pres	sident: Ben Wedding			7	,		
	1000 Station Dr. Suite 110						
1 10020501	DuPont, WA 98327	No was supplied to the supplined to the supplied to the supplied to the supplied to the suppli		-4a	./=	\$	*** *** ·
Secretary	Lee Wise	ALF TE TH	37 .4.7	, ,		**	
	1000 Station Dr. Suite 110 DuPont	, WA 98327			5-5		
į.	Lee Wise				:		-
	1000 Station Dr. Suite 110 DuPont.	, WA 98327			المراجعة		Livin .
NOTE:	If necessary, you may attach an addendum	to the application l	isting addi	tional office	ers and/or di	rectors.	
13	de War		<u> </u>	<u> </u>	e to least a		<u></u>
	(Signature of Director or Officer lis	1				·	_
14		Leew	150	Secre	tary/	Ireas	irer
	" (Typed or printed name and	a capacity of persor	i signing aj	ppiication)			

# **ADDENDUM**

### A. ADDITIONAL DIRECTORS:

Eugene L. Daniel, Chief Operating Officer 1000 Station Dr. Suite 110 DuPont, WA 98327

Gerald Schneider, Vice President 1000 Station Dr. Suite 110 DuPont, WA 98327

### B. ADDITIONAL OFFICERS:

Eugene L. Daniel, Chief Operating Officer 1000 Station Dr. Suite 110 DuPont, WA 98327

Gerald Schneider, Vice President 1000 Station Dr. Suite 110 DuPont, WA 98327



Secretary of State

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

#### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

NEW DEFINITIONS, 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 10, 1994.

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 26, 2003

TATE OF WASHINGTON TO THE PARTY OF THE PARTY

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

/ <

Sam Reed, Secretary of State