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04 JAN 14 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT QUALIFICATION

W.B.E. Protective Services, Inc.

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DB
1-14-04

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. W. B. E. PROTECTIVE SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

HTS MANAGEMENT, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 87-0699775
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/28/2002 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5874 SOUTH SEMORAN BLVD, ORLANDO, FL 32822
(Principal office address)

5874 SOUTH SEMORAN BLVD, ORLANDO, FL 32822
(Current mailing address)

TEXAS: 12500 NETWORK BLVD #310, SAN ANTONIO, TX 78269-0830

8. SECURITY ALARM MONITORING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: [Signature]

(Registered agent's signature)

KIRK HOOD
ASSISTANT SECRETARY

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:

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Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: RONALD L. BOWDEN

Address: 12500 NETWORK BLVD STE 310

SAN ANTONIO, TX 78269-0830

Director: - HARVEY BERRY

Address: 12500 NETWORK BLVD, STE 310

SAN ANTONIO, TX 78244-0830

President: DIRK KORTE

Address: 6500 GREENVILLE AVE STE 200

DALLAS, TX 75206

Vice President: DERK KORTE

Address: (SAME)

Secretary: DIAN KORTE

Address: (SAME)

Treasurer: DIRK KORTE

Address: (SAME)

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Harry J. Jones

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

14. HARVEY BERRY DIRECTOR

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

04 JAN 14 (PHIL:LD)
SECRETARY
TALLAHASSEE, FL 32301

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Delaware

PAGE 1

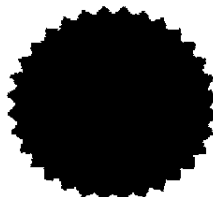
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "W.B.E. PROTECTIVE SERVICES, 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 TWELFTH DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

3663496 8300

040021992



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2865405

DATE: 01-12-04