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Division of Corporations Public Access System

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FOREIGN PROFIT QUALIFICATION

INFERENCE SYSTEMS INTERNATIONAL, INC.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Infarence Systems International, Inc. (Enter name of composition; must include "INCORPORATED," "COMPANY," "CORPORATION," "Ind.," "Co.," "Corp." "Inc." "Co." or "Corp.") (If name unavailable in Florids, enter alternate corporate name adopted for the purpose of transacting business in Florida) 59-3260643 (FEI number, if applicable) (State or country under the law of which it is incorporated) perpetual December 5, 1997 (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) Open 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.) 13810 Sutton Park Dr. N. #439, Jacksonville, FL 32224 (Principal office address) <u>Same as above</u> (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Capitol Corporate Services, Inc. Name: 1333 N. Duval St. Office Address: Tallahasses Florida 10. Registered agent's accordance: Having been named as registered agent and to accept service of process for the above ented corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. X In the 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.

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 outlody of composite 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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CAPITOL SERVICES
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A. DIRECTORS Chaleman Jack L. Falls Address: 13810 Sutton Park Dr. N. #439 Jacksonville, FL 32224 Vice Charmen: Sherry A. Falls Address: 13810 Sutton Park Dr. N. #439 Jacksonville, FL 32224 Director: _ .Address: __ Director: Address: _ B. OFFICERS Prosident Jack L. Falls Address: 13810 Sutton Park Dr. N. #439 Jacksonville, rt. 32224 Vice President Address: ___ Societary: Sherry A. Falls Address: 13810 Sutton Park Dr. N. 8439, Jacksonville, FL 32224

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

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

14. Jack L. Falls. Chairman and Passident
(Typed or printed name and capacity of person algoing application)

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFERENCE SYSTEMS INTERNATIONAL. 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFERENCE SYSTEMS INTERNATIONAL, INC." WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER, A.D. 1997.

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 Hindren

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2889095

DATE: 01-23-04

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