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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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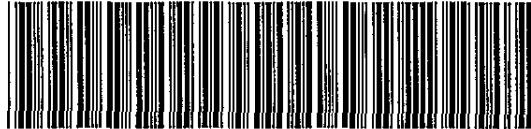
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Shawn Cannon GAVE

AUTHORIZATION BY PHONE TO

CORRECT name to be of Wisconsin

DATE 2/19 @ 1:09 pm

DOC. EX./M J. Bryan

W04-7182
J. BRYAN FEB 19 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRAND ASSOCIATES, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SHAWN CANNON - VICE PRESIDENT FINANCE
(Name of Person)

STRAND ASSOCIATES, INC.
(Firm/Company)

910 W. WINGRA DRIVE
(Address)

MADISON, WI 53715
(City/State and Zip code)

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For further information concerning this matter, please call:

SHAWN CANNON at (608) 251-4843
(Name of Person) (Area 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:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & 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.

1. STRAND ASSOCIATES, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

STRAND ASSOCIATES, INC OF WISCONSIN (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WISCONSIN 3. 39-1020418 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-31-1962 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. 910 W. WINGRA DRIVE MADISON, WI 53715 (Principal office address)

(SAME) (Current mailing address)

8. CONSULTING ENVIRONMENTAL SCIENCE & ENGINEERING (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: CT CORPORATION SYSTEM

Office Address: 1200 S. 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.

[Handwritten signature of Beverlee Stuewe] (Registered agent's signature)

Beverlee Stuewe Assistant Secretary

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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. DIRECTORS - SEE ATTACHED

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS - SEE ATTACHED

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Shawn K. Cannon
(Signature of Director or Officer listed in number 12 of the application)

14. Shawn K. Cannon, Vice Pres. - Finance
(Typed or printed name and capacity of person signing application)

STRAND ASSOCIATES, INC.

OFFICERS AND DIRECTORS OF THE CORPORATION:

<u>Name</u>	<u>Title</u>	<u>Address</u>
Theodore J. Richards	President/Treasurer Board of Directors	910 W. Wingra Drive Madison, WI 53715
Phillip E. Budde	Executive Vice-President Board of Directors	910 W. Wingra Drive Madison, WI 53715
Roger H. Huchthausen	Vice-President/Secretary Board of Directors	910 W. Wingra Drive Madison, WI 53715
Shawn K. Cannon	Vice-President/Chief Financial Officer	910 W. Wingra Drive Madison, WI 53715
Roddy J. Williams	Vice-President/Marketing Director Board of Directors	325 West Main Street, Suite 710 Louisville, KY 40202
Michael A. Woolum	Vice-President	1525 Bull Lea Road, Suite 100 Lexington, KY 40511
Jeffrey L. Kronser	Vice-President Board of Directors	910 W. Wingra Drive Madison, WI 53715
Michael C. Felker	Vice-President	910 W. Wingra Drive Madison, WI 53715
Charles R. Anderson	Vice-President	325 West Mains Street, Suite 710 Louisville, KY 40202
Darcie W. Gabrisko	Vice-President	1170 S. Houbolt Road Joliet, IL 60431

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DIXIE JON & COMPANY CORPORATION
FALLAHASSEE, FLORIDA

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that;

STRAND ASSOCIATES, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is December 31, 1962.

I further certify that said entity has, within its most recently completed report year, filed an annual report required under section 180.1622, 180.1921, 181.1622, 183.0120 or 185.48 of the Wisconsin Statutes.

I further certify that said company has not filed articles of dissolution with this department.

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TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 21, 2004.



A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To Validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 1393-17E91003