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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(Oity/Otate/Elp/Filone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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cctws					
Office Use Only					



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TRANSMITTAL LETTER

TO:	Registration Section Division of Corpor					
SUBJ	ECT: STRATITEC, INC					
		(Name of	corporation	- must include suf	fix)	
Dear S	Sir or Madam:					
"Certif		by Foreign Corporatio and check are submitte				
Please	return all correspon	dence concerning this r	natter to the	following:		<u>.</u>
M. LAN	ICE CHASTAIN, CEO		-			- 44 W-W-M-M-Pro- E
		(N	ame of Perso	on)		
STRATI	ITEC, INC.					
		(F	irm/Compan	y)	<u> </u>	
3522 N	COMOTARA		<u></u>			
			(Address)			_
WICHIT	TA, KS 67226					7
	,	(City/S	State and Zip	code)		
For fur	rther information cor	cerning this matter, ple	ease call:			<u>.</u>
	M. LANCE CHAST	AIN, CEO at		316-618	3-3500	
	(Name of Po		(Are	a Code & Daytime		ımber)
Registi Divisio 409 E. Tallaha	ET ADDRESS: ration Section on of Corporations Gaines St. assee, FL 32399		R C P	IAILING ADDRI egistration Section ivision of Corpora O. Box 6327 allahassee, FL 323	n ations	
Enclos	ed is a check for the	following amount:				
\$70	0.00 Filing Fee [378.75 Filing Fee & Certificate of Status		75 Filing Fee & ified Copy	Certific	Filing Fee, cate of Status & ed 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. STRATTLEC, INC.	47"				
(Enter name of corporation; must include "INCORPORATED," "	'COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc,"				
"Co," or "Corp.")					
(If name unavailable in Florida, enter alternate corporate name ac	lopted for the purpose of transacting business in Florida)				
	3. <u>48-1228491</u>				
(State or country under the law of which it is incorporated)	(FEI number, if applicable)				
	5. PERPETUAL				
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")				
6. UPON QUALIFICATION	The state of the s				
(Date first transacted business in Florida. If corporation has not tr	ansacted business in Florida, insert "upon qualification.")				
(SEE SECTIONS 607.1501,	, 607.1502 and 817.155, F.S.)				
7. <u>3522 COMOTARA ST</u> <u>WICHITA, KS 67226-1303</u>					
(Principal of	ffice address)				
3522 COMOTARA ST WICHITA, KS 67226-1303					
(Current ma	iling address)				
8. SALES OF COMPUTERS AND COMPUTER PERIPHERALS					
(Purpose(s) of corporation authorized in home st	ate or country to be carried out in state of Florida)				
9. Name and street address of Florida registered agent: (P.O. Bo	ox or Mail Drop Box NOT acceptable)				
N ASSESSMENT OF THE PROPERTY					
Name: CT CORPORATION SYSTEM					
Office Address: 1200 S PINE ISLAND ROAD	History and the same of the sa				
PLANTATION					
(City)	(Zip code) ن ن				
	∑in o				
10. Registered agent's acceptance:					
Having been named as registered agent and to accept service of pro-	ocess for the above stated corporation at the place designated in				
this application, I hereby accept the appointment as registered agen					
with the provisions of all statutes relative to the proper and complet	e performance of my duties, and I am familiar with and accept				
the obligations of my position as registered agent.					
2 10 1					
The state of the s	- Arigh Land				
- Curicis V	- willows scener-y				
(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

12. Names and business addresses of officers and/or directors:

which it is incorporated.

A. DIKE	Clors		
Chairman:	M. LANCE CHASTAIN ·	- · · - · -	
Address:	117 N CHELMSFORD CT		
	WICHITA, KS 67230-6915	· · · · · · · · · · · · · · · · · · ·	
Vice Chair	man:		<u> </u>
Address:		· · · · · · · · · · · · · · · · · · ·	·
Director:	ROBERT R. BARGER		
Address:	9222 E 69TH ST N		
	VALLEY CENTER, KS 67147-8298		<u>** </u>
Director:	CHARLES ANDREW BROWNELL		
Address:	888 BIRDS ML SE		·
B. OFFI	CERS		
President:	ROBERT R. BARGER		
Address:	9222 E 69TH ST N		
	VALLEY CENTER, KS 67147-8298		··
Vice Presi	dent:		
Address:			
Secretary:	M. LANCE CHASTAIN		
Address:	117 N CHELMSFORD CT WICHITA, KS 67230-6915		
	ROBERT R. BARGER		
	9222 E 69TH ST N VALLEY CENTER, KS 67147-8298		
NOTE: If		n listing additional officers and/or directors.	
13.			ा १ के विकास चार १ के प्रमुख्यास्त्र ।
13.	(Signature of Director or Officer I	isted in number 12 of the application)	
14. <u>M. LA</u>	NCE CHASTAIN, CEO	acity of person signing application)	

STATE OF KANSAS OFFICE OF SECRETARY OF STATE RON THORNBURGH

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that, according to the records of this office,

STRATITEC, INC.

KANSAS FOR PROFIT CORPORATION Business Entity ID Number: 2864981

was filed in this office on April 10, 2000 and has complied with the applicable provisions of the laws of the State of Kansas and on this date is in good standing and authorized to transact business or to conduct its affairs within this state.

Dated: 02/05/2004

For Validation:

Certificate ID: 11578

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

https://www.accesskansas.org/businessentity/validate.html

Signed:

RON THORNBURGH SECRETARY OF STATE