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Florida Department of State
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From:
Account Name : C T CORPORATION SYSTEM
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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

NexPress Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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SECRETARY OF STATE
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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. NexPress Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Delaware

(State or country under the law of which it is incorporated)

3. 20-0972090

(FEI number, if applicable)

4. 04/14/2004

(Date of incorporation)

5. Perpetual

(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. 343 State Street, Rochester, NY 14650

(Principal office address)

same

(Current mailing address)

8. See Attachment

(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: c/o CT Corporation System, 1200 South Pine Island

Plantation

(City)

, Florida

33324

(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.

CT Corporation System

By: [Signature]

(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 which it is incorporated.

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

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____
_____Director: James M. QuinnAddress: 343 State StreetRochester, New York

Director: _____

Address: _____
_____**B. OFFICERS** *SEE ATTACHMENT*President: James LangleyAddress: 343 State StreetRochester, NY 14650Vice President: Philip V. TatuskoAddress: 343 State StreetRochester, NY 14650Secretary: James M. QuinnAddress: 343 State Street Rochester, NY 14650Treasurer: William G. LoveAddress: 343 State Street Rochester, NY 14650FILED
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DIVISION OF CORPORATIONS
04 MAY - 4 AM 11:15**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

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

14. James M. Quinn, Secretary

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

Attachment to Florida

Purpose Clause

supplier of high-end, on-demand color printing systems and black-and-white variable-data printing systems

Officers & Directors

-
- | | | |
|----|-------------------|--------------------|
| 1. | Full Name: | James Langley |
| | Officer/Director: | Officer |
| | Business Address: | 343 State Street |
| | City: | Rochester |
| | State: | NY |
| | ZIP Code: | 14650 |
| 2. | Full Name: | Philip V. Tatusko |
| | Officer/Director: | Officer |
| | Business Address: | 343 State Street |
| | City: | Rochester |
| | State: | NY |
| | ZIP Code: | 14650 |
| 3. | Full Name: | Arthur H. Roberts |
| | Officer/Director: | Officer |
| | Business Address: | 343 State Street |
| | City: | Rochester |
| | State: | NY |
| | ZIP Code: | 14650 |
| 4. | Full Name: | James M. Quinn |
| | Officer/Director: | Officer |
| | Business Address: | 343 State Street |
| | City: | Rochester |
| | State: | NY |
| | ZIP Code: | 14650 |
| 5. | Full Name: | Laurence L. Hickey |
| | Officer/Director: | Officer |
| | Business Address: | 343 State Street |
| | City: | Rochester |
| | State: | NY |
| | ZIP Code: | 14650 |
| 6. | Full Name: | William G. Love |
| | Officer/Director: | Officer |
| | Business Address: | 343 State Street |
| | City: | Rochester |
| | State: | NY |
| | ZIP Code: | 14650 |

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7. Full Name: Richard J. Veith
Officer/Director: Officer
Business Address: 343 State Street
City: Rochester
State: NY
ZIP Code: 14650
8. Full Name: David G. Monderer
Officer/Director: Officer
Business Address: 343 State Street
City: Rochester
State: NY
ZIP Code: 14650
9. Full Name: Sharon E. Underberg
Officer/Director: Officer
Business Address: 343 State Street
City: Rochester
State: NY
ZIP Code: 14650

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Delaware

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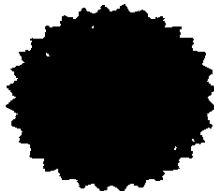
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEXPRESS SOLUTIONS, 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-FIRST DAY OF APRIL, A.D. 2004.

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

3790109 8300

040291700



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3065637

DATE: 04-21-04