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SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

Division of Corpo			
SUBJECT: NATIONAL	DIRECTORY CONSUL	TANTS INC.	
		corporation - must include suffix	κ)
Dear Sir or Madam:			
Dear Sir of Madam.			
* *	", and check are submitted	for Authorization to Transact B to register the above referenced	
Please return all correspo	ondence concerning this m	natter to the following:	
JOHN T. DONAHUE,	CPA T	* *	
		ame of Person)	Б
BERARD & DONAHUE	, CPAS, PC		
		rm/Company)	
120 ROUTE 59		, <u>, , , , , , , , , , , , , , , , , , </u>	Employ All St.
		(Address)	
SUFFERN, NY 1090	1		
<u> </u>		state and Zip code)	
For further information c	oncerning this matter, ple	ase call:	
KAREN BA	ACHERT at	84 <u>5</u> -735-0001	EXT 118
(Name of		(Area Code & Daytime	
STREET ADDRESS:	,		SECRETA VISION OF
Registration Section		MAILING ADDRES Registration Section	
Division of Corporations		Division of Corporati	ons Program
409 E. Gaines St.		P.O. Box 6327	TATE NS ATTOMS
Tallahassee, FL 32399		Tallahassee, FL 3231	4 2 3
Enclosed is a check for the	ne following amount:		
X \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 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. NATIONAL TELEPHONE DIRECTORY CONSULT		
(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	lanted for the numera of transacting hunir	sace in Elevida)
(if name unavaluate in Froncia, effect anemate corporate fiame at	lopied for the purpose of transacting busin	icss in rioriua)
2. NEW YORK	3. 13-2939351	
(State or country under the law of which it is incorporated)	(FEI number, if applic	cable)
4. 4/21/1978	5. PERPETUAL	
(Date of incorporation)	(Duration: Year corp. will cease to e	xist or "perpetual")
67/1/2004		
(Date first transacted business in Florida. If corporation has not tr	rangacted business in Florida insert "unon	qualification "
	, 607.1502 and 817.155, F.S.)	quanneauon.)
(0.2.2.2.2.1.0.1.0.0.1.1.0.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.1.0.1.0.1.0.1.1.0.	, 00/1202 444 01/120, 1.0./	
7. 30 N. WILLIAMS STREET, PEARL RIVER,	NY 10965	
(Principal o	ffice address)	
30 N. WILLIAMS STREET, PEARL RIVER,		·
(Current ma	iling address)	
8. ADVERTISING		
(Purpose(s) of corporation authorized in home st	ate or country to be carried out in state of	Florida)
(1 alposo(o) or cosporation authorities in notice se	ate of country to be carried out in state of	riolidaj
9. Name and street address of Florida registered agent: (P.O. B	ox or Mail Drop Box NOT acceptable)	
Name: KELLI LAUBSCHER		<u> </u>
		0.0 N/S
Office Address: 502 OSPREY DR, APT 20B		SECRETARY VISION OF CO
DELRAY BEACH (City)	, Florida 33444 (Zip code)	- PAT
(City)	(Zip code)	
10. Registered agent's acceptance:		3 85
Having been named as registered agent and to accept service of pro-	ocess for the above stated corporation at	the place destructed in
this application, I hereby accept the appointment as registered ages		
with the provisions of all statutes relative to the proper and complete		
the obligations of my position as registered agent.		
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K.O. K January	\	
(Registered age	nt's signature)	
(veRisteren akei	re a arkingentel	

- 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. DIRE	CTORS
Chairman:	
Address:	na digitali da kana kana di ka Bana di kana d
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s	
Vice Chair	man:
Address:	
	The state of the s
Director:	
· -	
Address:	
Director:	
Address:	
•	
B. OFFI	CERS
President:	KAREN BACHERT
Address:	70 HICKORY STREET, BLAUVELT, NY 10913
2	
Vice Presi	dent:
Address:	
•	
	5
Treasurer:	
	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. 17417	EN BACHERT, PRESIDENT - (Typed or printed name and capacity of person signing application)

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of NATIONAL TELEPHONE DIRECTORY CONSULTANTS INC. was filed on 04/21/1978, under the name of YONKERS LOCAL BOOK INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment YONKERS LOCAL BOOK INC., changing its name to HANDI-BOOK, INC., was filed 03/02/1995.

A Certificate of Amendment HANDI-BOOK, INC., changing its name to TELEPHONE DIRECTORY CONSULTANTS, INC., was filed 06/29/1995.

A Certificate of Amendment TELEPHONE DIRECTORY CONSULTANTS, INC., changing its name to NATIONAL TELEPHONE DIRECTORY CONSULTANTS INC., was filed 04/22/1997.

Witness my hand and the official seal of the Department of State at the City of Albany, this 17th day of May two thousand and four.

Secretary of State

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