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Florida Department of State
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FOREIGN PROFIT QUALIFICATION

Maxwell Systems, Inc.

Certificate of Status	0
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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. Maxwell Systems, Inc.

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

Maxwell Systems Pennsylvania, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania

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

3. 23-1723672

(FBI number, if applicable)

4. 02/16/1970

(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. 2500 DeKalb Pike, Norristown, PA 19401

(Principal office address)

Suite

(Current mailing address)

8. Software development company serving the construction and property management industries

(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, 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.

CT Corporation System

VickiAnn Owens

Special Assistant Secretary

By: VickiAnn Owens

(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 *SEE ATTACHMENT*Chairman: Robert McCordAddress: 2500 DeKalb PikeNorristown, PA 19401

Vice Chairman: _____

Address: _____

Director: Guy WintersAddress: 2500 DeKalb PikeNorristown, PA 19401Director: Mike DiPianoAddress: 2500 DeKalb PikeNorristown, PA 19401**B. OFFICERS** *SEE ATTACHMENT*President: James FlynnAddress: 2500 DeKalb PikeNorristown, PA 19401Vice President: Robert HodgesAddress: 2500 DeKalb PikeNorristown, PA 19401Secretary: Eric FosterAddress: 2500 DeKalb Pike Norristown, PA 19401Treasurer: Lisanna StottsAddress: 2500 DeKalb Pike Norristown, PA 19401

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. Lisanna Stotts, Treasurer

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

Attachment to Florida
Officers & Directors

- | | | |
|----|-------------------|------------------|
| 1. | Full Name: | James Flynn |
| | Officer/Director: | Officer |
| | Officer's Title: | President & CEO |
| | Business Address: | 2500 DeKalb Pike |
| | City: | Norristown |
| | State: | PA |
| | ZIP Code: | 19401 |
| 2. | Full Name: | Eric Foster |
| | Officer/Director: | Officer |
| | Officer's Title: | Secretary |
| | Business Address: | 2500 DeKalb Pike |
| | City: | Norristown |
| | State: | PA |
| | ZIP Code: | 19401 |
| 3. | Full Name: | Robert Hodges |
| | Officer/Director: | Officer |
| | Officer's Title: | Vice President |
| | Business Address: | 2500 DeKalb Pike |
| | City: | Norristown |
| | State: | PA |
| | ZIP Code: | 19401 |
| 4. | Full Name: | Lisanna Stotts |
| | Officer/Director: | Officer |
| | Officer's Title: | CFO & Treasurer |
| | Business Address: | 2500 DeKalb Pike |
| | City: | Norristown |
| | State: | PA |
| | ZIP Code: | 19401 |
| 5. | Full Name: | Mike DiPiano |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Business Address: | 2500 DeKalb Pike |
| | City: | Norristown |
| | State: | PA |
| | ZIP Code: | 19401 |

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

June 18, 2004

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MAXWELL SYSTEMS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Perkins C. Conto's

Secretary of the Commonwealth

tchida

TOTAL P.05