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(Address)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC 8.2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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

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TALLAHASSEE, FLORIDA

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:

CHRIS LOTZ
(Name of Person)
QUALIGEN, INC.
(Firm/Company)
2042 CORTES DEL NOGAL STE B
(Address)
CARLSBAD, CA 92009
(City/State and Zip code)

For further information concerning this matter, please call:

CHRIS LOTZ at (760) 918-9165
(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. QUALIGEN, INC.

(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 adopted for the purpose of transacting business in Florida)

2. DE

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

3. 41-1836900

(FEI number, if applicable)

4. 4-15-1996

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2042 CORTE DEL NOGAL STE B CARLSBAD, CA 92009

(Principal office address)

2042 CORTE DEL NOGAL STE B CARLSBAD, CA 92009

(Current mailing address)

8. SALES OF MEDICAL AND DIAGNOSTIC SUPPLIES

(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 NOT acceptable)

Name: RHETT ROBBINS

Office Address: 1211 PALM BREEZE CT.

LAKE MARY

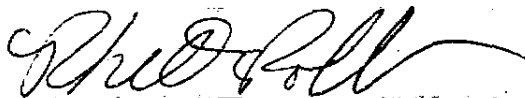
(City)

, Florida 32746

(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.



(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:

A. DIRECTORS

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

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B. OFFICERS

President: SEE ATTACHED
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. UNSHARP
(Signature of Director or Officer listed in number 12 of the application)
14. CHRIS LOTZ VP FINANCE + ADMINISTRATION
(Typed or printed name and capacity of person signing application)

**Qualigen Inc.
Officers**

Name	Title	Business Address
Paul A. Rosinack	CEO & President	2042 Corte del Nogal Suite B Carlsbad, CA 92009
Michael S. Poirier	Sr. VP	2042 Corte del Nogal Suite B Carlsbad, CA 92009
Robert Buchanan	VP Marketing	2042 Corte del Nogal Suite B Carlsbad, CA 92009
Christopher L. Lotz	VP Finance & Admin	2042 Corte del Nogal Suite B Carlsbad, CA 92009
David B. Moore	VP Sales	2042 Corte del Nogal Suite B Carlsbad, CA 92009
Dorothy C. Peterson	VP Operations	2042 Corte del Nogal Suite B Carlsbad, CA 92009
James L. Wyatt	VP R & D	2042 Corte del Nogal Suite B Carlsbad, CA 92009

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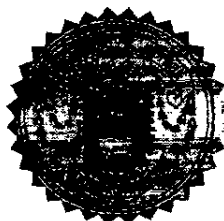
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUALIGEN, 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 TENTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3470350

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DATE: 11-10-04