

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## FOREIGN PROFIT QUALIFICATION

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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. HOLMES & NARVER TECHNICAL SERVICES, 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. California**

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

**3. 95-3923476**

(FEI number, if applicable)

**4. 03/01/1982**

(Date of incorporation)

**5. Perpetual**

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

**6. 05/01/2005**

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

**7. 515 S. Flower Street, Los Angeles, CA 90071**

(Principal office address)

same

(Current mailing address)

**8. To provide staffing and recruiting services**

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

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.*

C T Corporation System

By: Connie Bryan Special Asst. Sec.  
(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Robyn MillerAddress: 515 S. Flower StreetLos Angeles, CA 90071Director: Raymond W. HoldsworthAddress: 555 S. Flower StreetLos Angeles, CA 90071**B. OFFICERS SEE ATTACHMENT**President: Raymond LandyAddress: 515 S. Flower StreetLos Angeles, CA 90071Vice President: William IkedaAddress: 515 S. Flower StreetLos Angeles, CA 90071Secretary: Robyn MillerAddress: 515 S. Flower Street Los Angeles, CA 90071Treasurer: Dennis DeslatteAddress: 999 Town & Country Road Orange, CA 92668

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Director or Officer listed in number 12 of the application)14. Robyn Miller, Secretary  
(Typed or printed name and capacity of person signing application)FILED  
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## Attachment to Florida

**Officers & Directors**

- 
- |    |                   |                            |
|----|-------------------|----------------------------|
| 1. | Full Name:        | Raymond Landy              |
|    | Officer/Director: | Officer                    |
|    | Officer's Title:  | President                  |
|    | Business Address: | 515 S. Flower Street       |
|    | City:             | Los Angeles                |
|    | State:            | CA                         |
|    | ZIP Code:         | 90071                      |
| 2. | Full Name:        | Paul Steinke               |
|    | Officer/Director: | Officer                    |
|    | Officer's Title:  | Executive Vice President   |
|    | Business Address: | 515 S. Flower Street       |
|    | City:             | Los Angeles                |
|    | State:            | CA                         |
|    | ZIP Code:         | 90071                      |
| 3. | Full Name:        | William Ikeda              |
|    | Officer/Director: | Officer                    |
|    | Officer's Title:  | Vice President             |
|    | Business Address: | 515 S. Flower Street       |
|    | City:             | Los Angeles                |
|    | State:            | CA                         |
|    | ZIP Code:         | 90071                      |
| 4. | Full Name:        | Clyde Garrison             |
|    | Officer/Director: | Officer                    |
|    | Officer's Title:  | Vice President             |
|    | Business Address: | 515 S. Flower Street       |
|    | City:             | Los Angeles                |
|    | State:            | CA                         |
|    | ZIP Code:         | 90071                      |
| 5. | Full Name:        | Robyn Miller               |
|    | Officer/Director: | Officer/Director           |
|    | Officer's Title:  | Secretary                  |
|    | Business Address: | 515 S. Flower Street       |
|    | City:             | Los Angeles                |
|    | State:            | CA                         |
|    | ZIP Code:         | 90071                      |
| 6. | Full Name:        | Thomas Joldersma           |
|    | Officer/Director: | Officer                    |
|    | Officer's Title:  | Controller/Asst. Secretary |
|    | Business Address: | 515 S. Flower Street       |
|    | City:             | Los Angeles                |
|    | State:            | CA                         |
|    | ZIP Code:         | 90071                      |

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7.	Full Name:	Dennis Deslatte
	Officer/Director:	Officer, Director
	Officer's Title:	Treasurer
	Business Address:	999 Town & Country Road
	City:	Orange
	State:	CA
	ZIP Code:	92868

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**State of California  
Secretary of State**

**CERTIFICATE OF STATUS  
DOMESTIC CORPORATION**

I, **BRUCE McPHERSON**, Secretary of State of the State of California, hereby certify:

That on the **1ST** day of **MARCH, 1982**, **HOLMES & NARVER TECHNICAL SERVICES, INC.** became Incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 25, 2005.

**BRUCE McPHERSON**  
Secretary of State

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