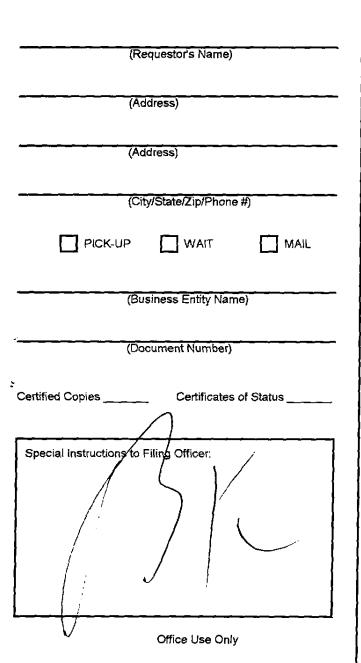
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ACCOUNT NO. : 072100000032

REFERENCE

345102

7392695

State of the state

AUTHORIZATION

COST LIMIT

ORDER DATE: April 29, 2005

ORDER TIME : 10:07 AM

ORDER NO. : 345102-030

CUSTOMER NO: 7392695

CUSTOMER: Hazel Glick

The Albany Group Of Companies

Suite 1400

401 East Las Olas Boulevard Fort Lauderdale, FL 33301

FOREIGN FILINGS

NAME: ALBANY SYSTEMS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ems, INC.		TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.
	orporation; must include "INCORPC orp," "Inc," "Co," or "Corp.")	RATED,"	" "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corpor	ate name a	adopted for the purpose of transacting business in Florida)
Delaware		3.	04-3742400
	under the law of which it is incorpora		(FEI number, if applicable)
07/08/2002		5.	Perpetual
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
Upon Filing	r		
	•		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
401 East La	Olas Blvd. Suite 1400 F	. Laude	derdale, FL 33301
	(Principal o	ffice addre	ress)
401 East La	Olas Blvd. Suite 1400 F	. Laude	derdale, FL 33301
	(Current ma	iling addre	ress)
TO PROVIDE	MANAGEMENT AND CONSULTANC	Y SERVI	ICE FOR CORPORATE CLIENTS
	of corporation authorized in home s	tate or cou	untry to be carried out in state of Florida)
	t address of Florida registered age	nt: (P.O.). Box NOT acceptable)
. Name and stree		pany	
Name and street Name:	Corporation Service Com		
_	Corporation Service Com		
Name:			
Name:	1201 Hays Street		, Florida 32301
Name: Office Address: O. Registered as Iaving been nam esignated in this urther agree to co	1201 Hays Street Tallahassee (City) ent's acceptance: ed as registered agent and to acceptance application, I hereby accept the acceptance.	pt service ppointme atutes rel	(Zip code) ce of process for the above stated corporation at the part as registered agent and agree to act in this capacelative to the proper and complete performance of my

- 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:
B. OFFICERS
President:
Address:
Vice President: JASON POSEL
Address: 401 East Las Olas Blvd. Suite 1400 Ft. Lauderdale, FL 33301
Secretary:
Address:
Treasurer:
Address:
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)
TROOM DOORS / MICE PROCEDENCE
14. JASON POSEL / VICE PRESIDENT (Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALBANY SYSTEMS, 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-EIGHTH DAY OF APRIL, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALBANY SYSTEMS, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JULY, A.D. 2002.

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

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



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3844219
DATE: 04-28-05

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