Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

RECEIVED
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JIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

INSCOPE SOLUTIONS, INC.

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\$78.75

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Corporate Filing

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H05000181446

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 POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. InScope Solutions, 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. Delaware

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

3. 510434266

(FEI number, if applicable)

4. 11/18/02

(Date of incorporation)

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

6. 7/25/05

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

7. 1897 Preston White Drive Suite 110. Reston. VA 20191 (Principal office address)

(Current mailing address)

8. Provide custom consulting services at client site

(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: Corporation Services Company

Office Address: 1201 Have Street

Tallahassee, Florida 32301

(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 didies, and I am familiar with and accept the obligations of my position as registered agent.

Delearan 10 SK

Deborah D. Skipper

(Registered agent's signature)

Asst. V. Pres.

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- 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. DIRECTOR

Sole Director: Michael Bruce

Address: 1897 Preston White Drive, Suite 110, Reston, VA 20191

B. OFFICERS

President Michael Bruce

Address: 1897 Preston White Drive, Suite 110, Reston, VA 20191

Secretary and Treasurer: Gary Struzik

Address: 1897 Preston White Drive, Suite 110, Reston, VA 20191

NOTE: If necessary, you may attach an addendum to the application listing additional officers

and/or directors.

13.

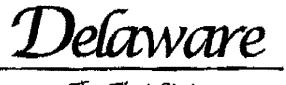
(Signature of Director or Officer listed in number 12 of the application)

Gary Struzik, CPO, Secretary and Treasurer

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

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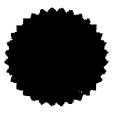
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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSCOPE SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 2005.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "INSCOPE SOLUTIONS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2002.

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.



Warnet Smith Hindan

AUTHENTICATION: 4052812

DATE: 07-28-05

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