

F00000002422

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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CLERK OF STATE
TALLAHASSEE FLORIDA

2006 APR 17 AM 10:43

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FOREIGN PROFIT/NONPROFIT CORPORATION

Infocrossing EAS, Inc.

Certificate of Status	0
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4/18/06

4/17/2006

**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. Infocrossing EAS, 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. 22-3626621

(FBI number, if applicable)

4. 11/25/1998

(Date of incorporation)

5. Perpetual

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

6.

11/1/06

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

7. 2 Christie Heights St., Lodi, NJ 07605

(Principal office address)

(Current mailing address)

8. Provider of enterprise application services

(Purpose(s) of corporation authorized in some 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: **CT 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.



**Arlene Bernal
Vice President**

(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.

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A. DIRECTORS

Chairman: Zach Lonstein

Address: 2 Christie Heights Street

Leonia, NJ 07605-2233

Vice Chairman: Robert Wallach

Address: 2 Christie Heights Street

Leonia, NJ 07605-2233

Director: SEE ATTACHED

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert Wallach

Address: 2 Christie Heights Street

Leonia, NJ 07605-2233

Vice President: William McHale

Address: 2 Christie Heights Street

Leonia, NJ 07605-2233

Secretary: Nicholas Letiza

Address: 2 Christie Heights Street Leonia, NJ 07605-2233

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)

14. William McHale, Vice President

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

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INFOCROSSING EAS, INC.

LIST OF DIRECTORS

Name	Address
Zach Lonstein	2 Christie Heights Street Leonia, NJ 07605
Robert Wallach	same
Jeremiah Healy	same
Michael Targoff	same
Howard Waltman	same
Peter DaPuzzo	same
Kathleen Perone	same

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFOCROSSING HAS, 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 SEVENTEENTH DAY OF APRIL, A.D. 2006.

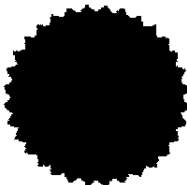
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

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060355618



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4671943

DATE: 04-17-06