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TALLAHASSEE, FLORIDA

APR 24 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

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

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:

TREVOR TRIFFO.
(Name of Person)
MDS TECHNOLOGIES, INC.
(Firm/Company)
9. S. FAIRVIEW AVENUE, SUITE 201.
(Address)
PARK RIDGE, IL 60068.
(City/State and Zip code)

SECTION 6
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

TREVOR TRIFFO at (847) 696. 9525
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. MDS TECHNOLOGIES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

NOT APPLICABLE
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS 3. 71-0006508
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/9/2002 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NOT APPLICABLE - NO BUSINESS TRANSACTED PREVIOUSLY
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 809 COURTLAND AVENUE, PARK RIDGE, IL 60068
(Principal office address)

9. S. FAIRVIEW AVENUE, SUITE 201, PARK RIDGE, IL 60068
(Current mailing address)

8. FOR PROFIT CORPORATION PROVIDING DATA COLLECTION & ASSET MANAGEMENT, CONSULTING SERVICE
(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 SERVICE COMPANY

Office Address: 1201 HAYS 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 duties, and I am familiar with and accept the obligations of my position as registered agent.

Paula Collins, Assistant Secretary
(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: ~~THOMAS M. BLOOM~~

Address: ~~1100 N. W. 10th Avenue~~

~~Room 1000, 1100 N. W. 10th Avenue T.T.~~

Vice Chairman: _____

Address: _____

Director: TREVOR T. TRIFFO (SOLE DIRECTOR)

Address: 809 COURTLAND AVENUE
PARK RIDGE, IL 60068

Director: _____

Address: _____

B. OFFICERS

President: TREVOR T. TRIFFO

Address: 809 COURTLAND AVENUE
PARK RIDGE, IL 60068

Vice President: _____

Address: _____

Secretary: TREVOR T. TRIFFO

Address: 809 COURTLAND AVENUE, PARK RIDGE, IL 60068

Treasurer: TREVOR T. TRIFFO

Address: 809 COURTLAND AVENUE, PARK RIDGE, IL 60068

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)

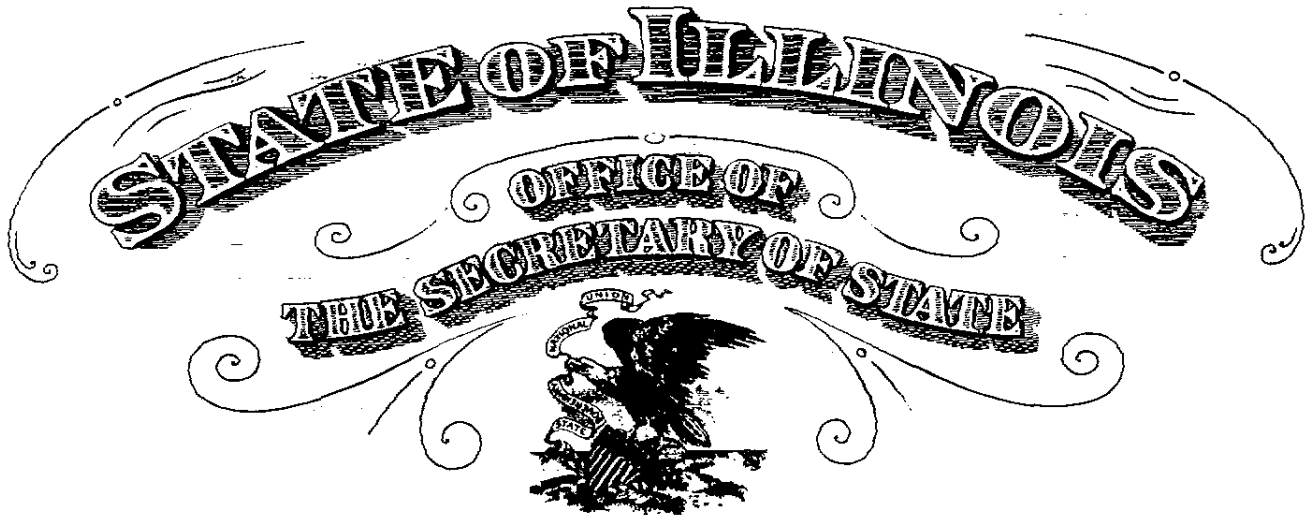
14. TREVOR T. TRIFFO, PRESIDENT

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

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06 APR 24 PM 2:20
SECRETARY
TALLAHASSEE, FLORIDA

File Number

6244-023-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MDS TECHNOLOGIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE SEPTEMBER 9, 2002, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of APRIL A.D. 13TH 2006 .

Jesse White

SECRETARY OF STATE