

# F060000067933

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

## FOREIGN PROFIT/NONPROFIT CORPORATION

Fullscope, Inc.

Certificate of Status	0
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W16-55526

**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. Fulscope, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

Fulscope, Inc. of AL

(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. 383479107

(FEI number, if applicable)

4. 07/14/1999

(Date of incorporation)

5. Perpetual

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

6. \_\_\_\_\_

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

7. 317 W. Market Street, Athens, AL 35611

(Principal office address)

same

(Current mailing address)

8. Software reseller and implementation

(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: Mary R. Adams

(Registered agent's signature)

MARY R. ADAMS

ASSISTANT SECRETARY

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:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 DEC 28 PM 10:00

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TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

**A. DIRECTORS**

Chairman: John F. Carter

Address: 317 W. Market Street

Athens, AL 35611

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

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

Director: William Earhman

Address: 4409 Sheppard Place

Nashville, TN 37205

Director: Kevin Webber

Address: 604 Adams Street

Huntsville, AL 35801

**B. OFFICERS      *SEE ATTACHMENT***

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

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)

14. Russell L. Smith, President

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

**Attachment to Florida  
Officers & Directors**

1	Full Name:	Russell L. Smith
	Officer/Director:	Officer
	Officer's Title:	CEO
	Director's Title:	
	Business Address:	317 W. Market Street
	City:	Athens
	State:	AL
	ZIP Code:	35611
2	Full Name:	John Scandar
	Officer/Director:	Officer
	Officer's Title:	Executive Vice President
	Director's Title:	
	Business Address:	2135 de la Montagne
	City:	Montreal
	State:	QC
	ZIP Code:	H3G 1Z8

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FEDERAL BUREAU OF INVESTIGATION  
TALLAHASSEE, FLORIDA

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FULLSCOPE, 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 TWENTIETH DAY OF DECEMBER, 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.

FILED  
06 DEC 28 PM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3069281 8300

061167353



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 5295672

DATE: 12-20-06