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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

TerraPointe Services Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. TerraPoints Services 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. 06-1158895

(FEI number, if applicable)

4. 01/23/1986

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. 50 N. Laura Street, Suite 1900, Jacksonville, FL 32202

(Principal office address)

same

(Current mailing address)

Engage in any lawful act or activity for which corporations may be organized to do business
**8. under the laws of its jurisdiction of incorporation and which is permitted under the Florida
statute(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, Florida 33324
(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.*

C T Corporation System

**Peter F. Souza
Assistant Secretary**

By: 

(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:

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A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: W. Edwin Frazier, III

Address: 50 N. Laura Street, Suite 1900

Jacksonville, FL 32202

Vice President: James M. Stackpools

Address: 50 N. Laura Street, Suite 1900

Jacksonville, FL 32202

Secretary: Joshua H. DeRienzia

Address: 50 N. Laura Street, Suite 1900, Jacksonville, FL 32202

Treasurer: Macdonald Auguste

Address: 50 N. Laura Street, Suite 1900, Jacksonville, FL 32202

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. Joshua H. DeRienzia, Secretary
(Typed or printed name and capacity of person signing application)

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**Attachment to Florida
Officers & Directors**

- 1 **Full Name:** Michael R. Herman
 Officer/Director: Officer
 Officer's Title: Vice President and Asst Sec
 Director's Title:
 Business Address: 50 N. Laura Street, Suite 1900
 City: Jacksonville
 State: FL
 ZIP Code: 32202
- 2 **Full Name:** Hans E. Vanden Noort
 Officer/Director: Officer
 Officer's Title: Controller
 Director's Title:
 Business Address: 50 N. Laura Street, Suite 1900
 City: Jacksonville
 State: FL
 ZIP Code: 32202
- 3 **Full Name:** W. Lee Nutter
 Officer/Director: Director
 Officer's Title:
 Director's Title: Director
 Business Address: 50 N. Laura Street, Suite 1900
 City: Jacksonville
 State: FL
 ZIP Code: 32202
- 4 **Full Name:** Hans E. Vanden Noort
 Officer/Director: Director
 Officer's Title:
 Director's Title: Director
 Business Address: 50 N. Laura Street, Suite 1900
 City: Jacksonville
 State: FL
 ZIP Code: 32202
- 5 **Full Name:** W. Edwin Frazier, III

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Officer/Director:
Officer's Title:
Director's Title:
Business Address:
City:
State:
ZIP Code:

Director
Director
50 N. Laura Street, Suite 1900
Jacksonville
FL
32202

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TERRAPointe SERVICES 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 THIRTIETH DAY OF JANUARY, A.D. 2007.

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 BEEN FILED TO DATE.

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5394449

DATE: 01-30-07