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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I2000000195

Phone

(B50)521-1000

Fax Number

: (850)558-1575

#### FOREIGN PROFIT/NONPROFIT CORPORATION

LAGAN TECHNOLOGIES, INC.

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H07000121305 3 APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TI

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

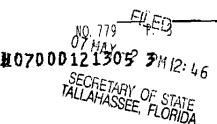
BUSINESS IN FLORIDA

1. LAGAN TECHNOLOGIES, LNC.
(Hnter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Ine," "Co.," "Corp," "Inc," "Co," or "Corp")
N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting butiness in Florida)
2. DELA WARK (State or country under the law of which it is incorporated) (FEI number, if applicable)
4 12 22 2003 S. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SHE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. TWO DEMOCRACY CENTER , 6903 ROCKLEDGE DR., Suite 920, BETHESDA, MD (Principal office address) 20817
BETHESDA, MD (Principal office address) 20817
Same as above (Current mailing address)
(Current mailing address)
8 GENERAL BUSINESS SOFTWARE PROVIDER
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and sureet 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

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.

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

(Registered agent's signature)



12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_ CENTER, 6903 ROCKLEDGE DR. Director: . Address: B. OFFICERS Address: NOTE: If necessary four may attach in adjustment to the application listing additional officers and/or directors. (Typed or printed name and capacity of person signing application)

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# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAGAN TECHNOLOGIES, 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 SECOND DAY OF MAY, 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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAGAN TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2003.

AUTHENTICATION: 5642152

DATE: 05-02-07

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