

# F08000002238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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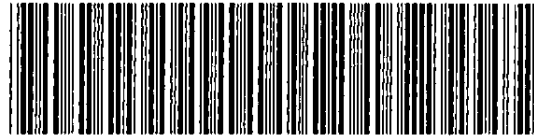
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**DATE:** 05-16-08

**NAME:** NEXAGE TECHNOLOGIES USA, INC.

**TYPE OF FILING:** AUTHORIZATION TO TRANSACT BUSINESS

**COST:** 78.75

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~~AGENT PC#00000000~~

**AUTHORIZATION:** ABBIE/PAUL HODGE

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**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. NexAge Technologies USA, 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. New Jersey 3. 223787510

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 01/23/2001

(Date of incorporation)

5. Perpetual

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

6. n/a

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

7. 75 Lincoln Highway, Suite 101, Iselin, NJ 08830

(Principal office address)

75 Lincoln Highway, Suite 101, Iselin, NJ 08830

(Current mailing address)

8. Professional Services (IT Consulting)

(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: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

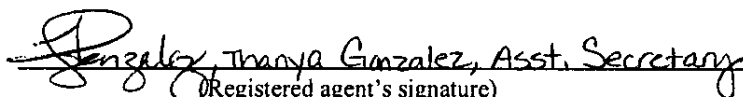
Tallahassee, Florida 32301

(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.*

  
(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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12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: Dr. M.V. Pillai

Address: 75 Lincoln Highway, Suite 101  
Iselin, NJ 08830

Vice Chairman: Dr. C. V. Sreenivasan

Address: (Same as Above)

Director: Suresh Kumar

Address: (Same as Above)

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Suresh Kumar

Address: (Same as Above)

Vice President: Dolores Montanez

Address: (Same as Above)

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. Dolores Montanez; Vice President, Admin / HR

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

**STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING**

**NEXAGE TECHNOLOGIES USA, INC.**

0100840245

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*With the Previous or Alternate Name*

**NEXAGE LIFE SCIENCES (Alternate Name)**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 23, 2001.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

**Suresh Kumar  
75 Lincoln Highway, Suite 101  
Iselin, NJ 08830**



Certification# 111886609

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
24th day of April, 2008*

A handwritten signature in black ink, appearing to read "R. David Rousseau".

**R. David Rousseau  
State Treasurer**

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)