

**Florida Department of State  
Division of Corporations  
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**Email Address:** bob@chastain.com

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Chastain Research Group, Inc.**

Certificate of Status	1
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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. Chastain Research Group Inc.**

(Name of corporation; must include the word "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. California**

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

**3. 77-0352339**

(FRI number, if applicable)

**4. September 17, 1993**

(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. 8 Shorebreeze Court, East Palo Alto, CA 94303**

(Principal office address)

**8 Shorebreeze Court, East Palo Alto, CA 94303**

(Current mailing address)

**8. Computer Programming SAS & Stat**

(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: **Robert Chastain**

Office Address: **608 N. Indigo Road**

**Altamonte Springs**

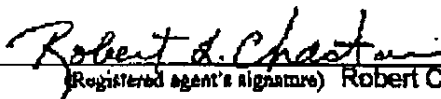
(City)

**Florida, 32714**

(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) Robert Chastain

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 addresses of officers and/or directors:**

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**A. DIRECTORS** (Street address only - P.O. Box NOT acceptable)

Chairman: Robert Chastain

Address: 608 N. Indigo Road, Altamonte Springs, FL 32714

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

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

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

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

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

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

**B. OFFICERS**

President: Robert Chastain

Address: 608 N. Indigo Road, Altamonte Springs, FL 32714

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. \_\_\_\_\_

*Robert d. Chastain*

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

Robert Chastain, President

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

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**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**CHASTAIN RESEARCH GROUP, INC.**

**FILE NUMBER:** C1830554  
**FORMATION DATE:** 09/17/1993  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of September 14, 2011.

*Debra Bowen*

**DEBRA BOWEN  
Secretary of State**