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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : NRAI CORPORATE SERVICES, INC.-IRVINE  
Account Number : I20080000054  
Phone : (949) 955-9585  
Fax Number : (800) 562-6504

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: dhatchell@cicusa.com

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Communication Infrastructure Corporation**

Certificate of Status	0
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Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

MRS 12/8

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Communication Infrastructure Corporation  
Name of corporation - must include suffix.

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jose Castellanos

Name of Person

NRAI Corporate Services, Inc.

Firm/Company

2875 Michelle Drive, Suite 100

Address

Irvine, CA 92606

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Castellanos

at (800) 562-6439

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|---|---|--|---|

# 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. Communication Infrastructure Corporation

(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. California

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

3. 20-0488259

(FBI number, if applicable)

4. December 22, 2003

(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. 3115 Nimes Lane, Oxnard, CA 93036

(Principal office address)

P.O. Box 6816, Santa Barbara, CA 93160

(Current mailing address)

8. Engineering Services, specializing in telecommunications carrier networks

(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee

(City)

, Florida 32301

(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.*

NRAI Services, Inc.

By: Nicole Chouinard

(Registered agent's signature)

Nicole Chouinard, 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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**Chairman: See attached list.

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

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

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

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

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

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

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

**B. OFFICERS**President: See attached list.

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. James M. Snyder, President

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

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**COMMUNICATION INFRASTRUCTURE CORPORATION** SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIST OF OFFICERS AND DIRECTORS**

**OFFICERS**

James M. Snyder, President	3115 Nimes Lane, Oxnard, CA 93036
Trygve Duryea, Treasurer	3115 Nimes Lane, Oxnard, CA 93036
Mike Pfau, Secretary	3115 Nimes Lane, Oxnard, CA 93036
Tom Scott, Vice President	3115 Nimes Lane, Oxnard, CA 93036

**DIRECTORS**

James M. Snyder	3115 Nimes Lane, Oxnard, CA 93036
Trygve Duryea	3115 Nimes Lane, Oxnard, CA 93036
Arnie Abens	3115 Nimes Lane, Oxnard, CA 93036

**State of California  
Secretary of State**

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**COMMUNICATION INFRASTRUCTURE CORPORATION**

**FILE NUMBER:** C2569577  
**FORMATION DATE:** 12/22/2003  
**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 December 06, 2011.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State