F95000000590

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS

SUBJECT: CASM, Inc.

A ARTHER TRANSPORT BY THE ATTENDANT
 A ARTHRAD ARTHRAD TO ARTHRAD ART

(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Tra Florida", "Certificate of Existence", and check are submitted to register the foreign corporation to transact business in Fiorida.	
Please return all correspondence concerning this matter to the following:	
Sally Perry (Name of Person) Space Mark, Inc. (Firm/Company) 5475 Tech Center Drive, Suite 210 (Addrecs)	191-191-191-191-191-191-191-191-191-191
Colorado Springs, CO 80919 (City, State and Zip Code)	95. Vid
Should you need to call someone concerning this matter, please call: Sally Perry at (719) 531 - 9090	EEGP: F1
(Name of Person) at (719) 531 9090 (Name of Person) Area Code & Daytime Telephone Number	2/3 FILLS SIME.

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 20, 1994

SPACE MARK, INC. 5475 TECH CENTER DR. SUITE 210 COLORADO SPRINGS, CO 80919

SUBJECT: CASM

Ref. Number: W94000026903

We have received your document for CASM, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

The Federal Employer Identification number is comprised of nine digits. Please amend your document accordingly.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please list the street address of each officer/director. If the officer/director does not have a street address, list the mailing address and write (N/A).

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Steven Harris Corporate Specialist

Letter Number: 394A00053660



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 5, 1995

SPACE MARK, INC. 5475 TECH CENTER DR. SUITE 210 COLORADO SPRINGS, CO 80919

SUBJECT: CASM

Ref. Number: W94000026903

We have received your document for CASM and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list the street address of each officer/director. If the officer/director does not have a street address, list the mailing address and write (N/A).

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Steven Harris Corporate Specialist EE8 -3 Evil: 15

Letter Number: 595A00000366

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. () a	CASM Inc. Name of corporation: must abbreviations of like import i or partnership if not so contr	include the word 'N' n language as will cle alned in the name at p	DRPORATED sarly indicate the present.)	", "COMPAN natitis a corp	Y","CORPORA poration instea	ITION or world of a natural	ds or l person
2.	Alaska		3.	92-0134	i8 79		
(5	Alaska State or country under the la	wof which it is incor	porated)	(FEI numb	er, if applicable	o)	
4.	October 17, 1990	5	"Perpetua	1	III cease to exis		
	(Date of Incorporation)	(Duration: '	Year corp. wi	Il cease to exis	st or "perpetu	al")
	January 1, 1995						
u	Date first transacted busines		one 807,1501, 607	7,1502, and 817	.165, F.S.)		
7.	5475 Tech Center Dr	ive, Suite 210					
	Colorado Springs, C	co 80919					
-	' ''	(Current mailing addr	ess)	<u></u>			
8	Operation and Maint						
	(Purpose(s) of corporation	authorized in home	state or countr	y to be carri	ed out in the st	மte of Florida	1)
9.	Name and street add	dress of Florida	registered :	agent:		V)	DIVIS
	Name:	The Prentice-H	all, Corpo	ration Sys	stem, Inc.	re:	년 <u>경</u> 안년
	Office Address: _	1201 Hays Stre	et. #105		_	4	777
		Tallahassee			Florida, 3	2301	- 1 5
						(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.

Kut Pluder Cast. Srcy.
(Registere ! 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.

A. DIRECTORS

Chairman: Boris Merculter Address: 630 West 47th, Apartment B Anchorage, AK 99503 Vice Chairman: William Arterburn Address: P.O. Box 1117 WIIIow, AK 99608 Director: Barbara Roper Address: P.O. Box 4234 Soldotna, AK 99669 Director: Carol Smith Address: P.O. Box 254572 Anchorage, AK 99524

OFFICERS В.

President: Robert P. Bills Address: 1120 Point of the Pines Drive Colorado Springs, CO 80919 Vice President: William C. Hooper Address: 8530 Smoky Falls Ct. Colorado Springs, CO 80920 Secretary: Madeline S. Perry, Secretary/Treasurer Address: 2130 Westmirelands Colorado Springs, CO 80907

Vice President

Rodney E. Doan

Address: 1145 Allegheny Drive

Colorado Springs, CO 80919

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert P. Bills, President/CEO (Typed or printed . ame and capacity of person signing application) Bruce Graham, Director 2019 Saratoga Avenue Anchorage, AK 99517

DIVISIONE FRED STATE OF STATE

State of Alaska Department of Commerce and Economic Development Division of Banking, Securities and Corporations

CERTIFICATE OF COMPLIANCE

undersigned. as Commissioner of Commerce Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

SPACE MARK, INC.

on 10 17 1990 of Incorporation, as a corporation State of Alaska.

, filed in this office its Articles organized under the laws of the

I FURTHER CERTIFY that said corporation has filed all biennial corporate reports due at this time and has paid all biennial corporation taxes and fees due and payable at this time.

No information is available in this office on the financial condition. business activity or practices of this corporation.

> IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on

> 01/24/95

William L. Hensley

COMMISSIONER OF COMMERCE AND ECONOMIC DEVELOPMENT