CORPOVATION IN ORM SERVICES, INC., 1201 HAYS STREET TALLAHASSUE, FL 3230 904-233-97 04-222-0193 FAX 95 TEB -8 PY W JS $\mathit{UNISRER} \rightarrow - \mathit{Ads} \circ \mathit{MISRER}$ MAIL TO: P.O. Box 5828 ACCOUNT NO. : 0721000000032 TALLAHASSEE, FL. 32314 REFERENCE : 537344 409964 AUTHORIZATION COST LIMIT : ORDER DATE : February 6, 1995 ORDER TIME : 2:48 PM enggood 1 3998559 ORDER NO. : 507344

> Intercounty Clearance Corp. 194 Washington Avenue Albany, NY 12210

409961

CUSTOMER: Mg. Jeanette Marusceak

FOREIGN FILINGS

CUSTOMER NO:

NAME: RESEARCH AND RECOVERY, INC.

XX PROFIT XX CORPORATE NON-PROFIT LIMITED PARTNERSHIP XX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Maria I. Newport

Name conflict
Doct P94-51269



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FLORIDA DEPARTMENT OF STATE MAR 27 11 12 17

Sandra B. Mortham Secretary of State

TALL STORY

February 7, 1995

CIS

SUBJECT: RESEARCH AND RECOVERY, INC.

Ref. Number: W95000002726

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

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Number 6 of the application must be completed. If the corporation has not transacted business or conducted its affairs in Florida because it has not received confirmation from this office, please insert the words "upon qualification" in lieu of a date.

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) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 395A00005097

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT DURINESS IN ELQUIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUB-MITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | d of a natural person or partnership if not so contained in the name at present.) | | | |
|--|--|------|-----|---|
| 2 | (State or asymptotic and or the law of which it is incompared of | | | DIVISION OF CONFICENTIONS 95 KAR 27 PH 1: 05 |
| a. Do | comber 16, 1994 a Perpetual | | | |
| (D | ate of Incorporation) (Duration) | | | |
| 5 | N/A | | | C |
| · | N/Λ (Federal Employer Identification number, if applicable) | | 951 | N. |
| e i | Ipon qualification | | | |
| (Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F. | | | | |
| 7. 1 | 107 Key Plaza Drive, Key West, Florida 33040 | | | |
| | (Current mailing address) | | | 10 |
| a The | business of oceanographic mapping and undersea salvage and recove | erv. | | 11 |
| (Brief d | escription of the nature of the business in which it is engaged in the state of Florida) | , | | Üi |
| 9. Nam | es and addresses of officers and or directors: | | | |
| A. C | Directors: | | | |
| | n: B. David Gilliland | | | |
| Address | : 188 Leif Cove | | | |
| | Cordova, Tennessee 38018 | | | |
| Vice Ch | airman: | | | |
| Address | | | | |
| | | | | |
| Director: | | | | |
| Address | | | | |
| | | | | |
| Director: | | | | |
| Address: | | | | |

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|---|---|---|--|--|---|----------|
| | | | | | | |
| D. Office President: | | G11111and | | | | |
| Addross: | 188 Lc11 | | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Cordova | Tenneauce | 38018 | | | |
| Vico Presid | ont: | . <u> </u> | | | | |
| Address: | · · · · · · · · · · · · · · · · · · · | | | | | |
| Secretary: | Jack Higg | ine | | | | |
| Address: | | brook Drive | | T1 11 | | |
| | Memphis, | Tennessee 3 | 8141 | | | |
| Treasurer: | | | | | | |
| Address: | | brook Drive | | | | |
| | memphis, | Tennessee 3 | 8141 | | | |
| Offi | ce Address: | B. David G 1107 Key P Key West | laza Drive | | 33040 | |
| | - | , | | Florida, | | |
| | | | | | Zip Code | |
| 11. Registe | red agent's | acceptance: | | | | |
| stated corpor as registered provisions of | ation at the p agent and ag all statutes re | lace designate pree to act in th lative to the pr | ed in this appli his capacity. I roper and com | cation, I hereby act futher agree to co. | of my duties, and I | nt |
| Regist | ered agent's s | signature: . | <u> </u> | de l | <u> </u> | |
| elivery of this aving custod | application t | o the Departm | ent of State, b | cated, not more that by the Secretary of under the law of wh | n 90 days prior to State or other officia ich it is incorporate | ai d. |
| 3. (Signature of | Chairman, Vi | ce Chairman, | or any officer | listed in number 9 | of the application) | |
| ر ۱ ه ه | 1 0/11 | | | | | |
| B. David | | | | ecutive Office | r and Director | |
| | fivarile and | capacity of pe | rson signing a | pplication) | | |

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RECOVERY OPERATIONS, 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 TWENTY-SECOND DAY OF MARCH, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RECOVERY OPERATIONS, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXOS HAVE BEEN PAID TO DATE.

Series of Series Allong

STATIONS

Edward J. Freel, Secretary of State / 447181

AUTHENTICATION:

03-22-95

950063478

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