F95000002280

TRANSMITTAL LETTER

100001462661
-04/21/95--01083--002
*****70.00 *****70.00

W95-8663

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: BUSINESS PLANNING ASSOCIATES INC.-DELAWARE
(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", 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:

JOHN J GRIFFIN
(Name of Person)

BUSINESS PLANNING ASSOCIATES
(Firm/Company)

P O BOX 55
(Address)

OLDSMAR FL 34677
(City, State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -9 PM 3:31

Should you need to call someone concerning this matter, please call:

JOHN J GRIFFIN at (813) 531-3008
(Name of Person) Area Code & Daytime Telephone Number

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
Sandra B. Mortham
Secretary of State

Dear Sir or Madam:

This will acknowledge your recent request for the form and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

1. Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.

2. The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.

3. There is a $70.00 registration fee.

A letter of acknowledgement will be issued free of charge upon registration. Please submit an additional $8.75 if a certificate of status is needed. The fee for a certified copy is $52.50. Please send one check for the total amount made payable to the Florida Department of State.

The transmittal letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the transmittal letter.

Any further inquiries concerning this matter should be directed to the Qualification/Tax Lien Section by calling (904) 487-6091 or writing Qualification/Tax Lien Section, Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314.

CR2E007(12/94)

FLORIDA DEPARTMENT O
Sandra B. Mortham
Secretary of State

April 21, 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -9 PM 3:31

JOHN J. GRIFFIN
P.O. BOX 55
OLDSMAR, FL 34677

SUBJECT: BUSINESS PLANNING ASSOCIATES, INC.
Ref. Number: W95000008663

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

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The document must include original signatures.

1. ON THE RESOLUTION THE NAME FOR USE IN FLORIDA IS THE SAME AS THE NAME IN YOUR HOME STATE. THE NAME IN FLORIDA HAS TO BE A SLIGHT VARIATION OF DIFFERNCE SUCH AS ADDING A MAJOR WORD OR TOTALLY CHANGING THE NAME. MAKE SURE THE DBA NAME HAS A CORPORATE SUFFIX.

1 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) 487-6097.

Michael Mays
Corporate Specialist

Letter Number: 095A00019019

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned John J. Griffin, do hereby certify that this Resolution of the Board of Directors of BUSINESS PLANNING ASSOCIATES, INC, a corporation duly organized and existing under the laws of the State of Delaware, was duly adopted on March 27, 19 95.

Resolved, that BUSINESS PLANNING ASSOCIATES, INC., organized and existing in the State of Delaware, hereby adopts the name BUSINESS PLANNING ASSOCIATES, INC - Delaware for use in Florida.

Dated: April 20, 1995

Signature of at least one director

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. BUSINESS PLANNING ASSOCIATES INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE (State or country under the law of which it is incorporated)
3. Applied For (FEI number, if applicable)
4. March 27 1995 (Date of incorporation)
5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. April 1995 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.1505, F.S.)
7. Post Office Box 55
Oldsmar FL 34677 (Current mailing address)
8. Management Consulting (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY -9 PM 3:31

9. **Name and street address of Florida registered agent:**

Name: John T Griffin

Office Address: ~~P O Box 55~~ 4772 Stoneview Circle

Oldsmar, Florida, 34677 (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.

John T Griffin
(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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

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

Chairman: JOHN T GRIFFIN

Address: 4772 STONEVIEW CIRCLE
OLDSMAR FL 34677

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: JOHN T GRIFFIN

Address: 4772 STONEVIEW CIRCLE
OLDSMAR FL 34677

Vice President:

Address:

Secretary: C.M. GRIFFIN

Address: 4772 STONEVIEW CIRCLE
OLDSMAR FL 34677

Treasurer: (Same as President)

Address:

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

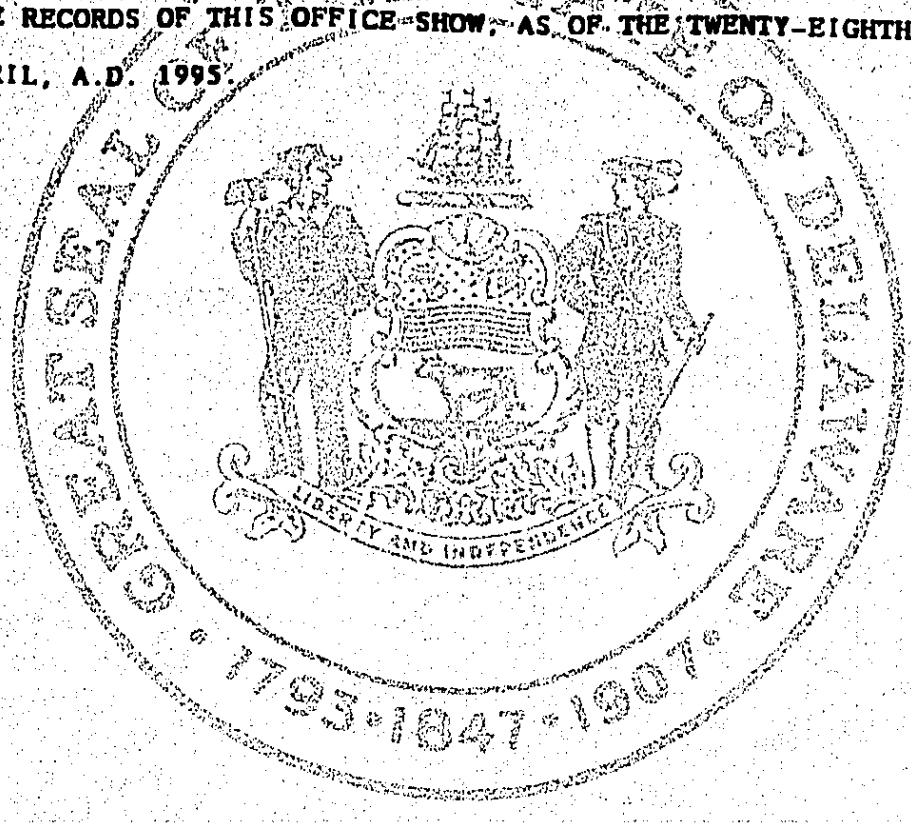
13. [signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOHN T GRIFFIN, PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -9 PM 3:31

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUSINESS PLANNING ASSOCIATES, 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-EIGHTH DAY OF APRIL, A.D. 1995.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -9 PM 3:31

Edward J. Freel, Secretary of State

2494648 8300

950091594

AUTHENTICATION: 7489891

DATE: 04-28-95

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 AUG 21 PM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002280 (5)**

1. Corporation Name
RYAN-MURPHY INCORPORATED

400001566834
-08/23/95--01019--005
DO NOT WRITE IN THIS SPACE
****375.00 ****375.00

Principal Place of Business	Mailing Address
8774 YATES DR. STE. 100 WESTMINSTER CO 80030	8774 YATES DR. STE. 100 WESTMINSTER CO 80030

3. Date Incorporated or Qualified: **05/03/1994**
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **84-0998860** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	JENNINGS, ROBERT W	1.2 NAME	RYAN, PATRICK V	
STREET ADDRESS	8774 YATES DR., STE. 100	1.3 STREET ADDRESS	8774 YATES DR., SUITE 100	
CITY-ST-ZIP	WESTMINSTER CO 80030	1.4 CITY-ST-ZIP	WESTMINSTER, CO 80030	
TITLE	DV	2.1 TITLE	DVST	☒ Change ☐ Addition
NAME	RYAN, PATRICK V	2.2 NAME	MURPHY, DENNIS C	
STREET ADDRESS	8774 YATES DR., STE. 100	2.3 STREET ADDRESS	8774 YATES DR., SUITE 100	
CITY-ST-ZIP	WESTMINSTER CO 80030	2.4 CITY-ST-ZIP	WESTMINSTER, CO 80030	
TITLE	DV	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MURPHY, DENNIS C	3.2 NAME	SCHREIER, W. TERRANCE	
STREET ADDRESS	8774 YATES DR., STE. 100	3.3 STREET ADDRESS	8774 YATES DRIVE, SUITE 100	
CITY-ST-ZIP	WESTMINSTER CO 80030	3.4 CITY-ST-ZIP	WESTMINSTER, CO 80030	
TITLE	DST	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	BARCELL, ERNEST A	4.2 NAME	JENNINGS, ROBERT W	
STREET ADDRESS	8774 YATES DR., STE. 100	4.3 STREET ADDRESS		
CITY-ST-ZIP	WESTMINSTER CO 80030	4.4 CITY-ST-ZIP	(RESIGNED)	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, KENNETH	5.2 NAME		
STREET ADDRESS	8774 YATES DR., STE. 100	5.3 STREET ADDRESS		
CITY-ST-ZIP	WESTMINSTER CO 80030	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	RUHLMAN, TERRELL L	6.2 NAME	RUHLMAN, TERRELL L	
STREET ADDRESS	8774 YATES DR., STE. 100	6.3 STREET ADDRESS	(RESIGNED)	
CITY-ST-ZIP	WESTMINSTER CO 80030	6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis C Murphy V.P. 8/9/95 303-427-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DENNIS C MURPHY, VICE-PRESIDENT

CR2E034 (3/95)

0193032 FN