

Examiner's Initials

700001544987 -07/25/95--01007--003 *****78.75 *****78.75 CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time **Cortified Copy** Mail out Will wait Lertificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

CR2E031(10/92)

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:

- TOMON,	THE MANUEL BOOMERS IN THE
1. Sit Compa (Name of corporation: must include the word "INCORPOR, abbreviations of like import in language as will clearly indica person or partnership if not so contained in the name at present	ATED", "COMPANY", "CORPORATION" or words or that it is a corporation instead of a natural ent.)
(State or country under the law of which it is incorporated)	3. 35 - 19000 43 (FEI number, if applicable)
4. September 30, 1993 (Date of Incorporation) 6. (Date first transacted business in Florida. (See secrems of	5. Perpetual
7. <u>P.O. Box 8400</u>	07/1301, 007.1302, AND 817.155, F.S.)
8. Residential Control (Purpose(s) of corporation authorized in home state or country to Florida)	PHCFOR be carried out in the state of
9. Name and street address of Florida registered ag acceptable) Name:	ent: (P.O. Box or Mail Drop Box NOTE
Office Address: 1116 - D Thomas ville	
10. Registered agent's acceptance:	(Zip Code)
Having been named as registered agent and to accept se corporation at the place designated in this application, I registered agent and agree to act in this capacity. I furt all statutes relative to the proper and complete performa and accept the obligations of my position as registered a	rvice of process for the above stated I hereby accept the appointment as her agree to comply with the provisions of nce of my duties, and I am familiar with gent.

(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: Address: ____ Vice Chairman:_____ Address: Director: Address: _____ Director: ___ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Kalla // Address: TN. 47630 Vice President: ____ Address: ___ Secretary: Address: ___ EVANSUILLE IN 47711 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) (Typed or printed name and capacity of person signing application)

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, THE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execut: this certificate.

I further certify that records of this office disclose that

SITCOMA CORP.

filed Articles of Incorporation on September 30, 1993, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution

SECRETARY OF STATE OF CORPORAL STATE OF CORPORATION STATE OF

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Eighteenth day of July, 1995.

SEAL ON THE STATE OF THE STATE

Sue Annu Hillay
SUE ANNE GILROY, Secretary of State

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