T95000003598 TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

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SUBJECT:	Foran (Name of corp	Capital poration - must inc	Manage i	ment, Inc.
	(1101110 0			

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:

Name of Person)

Foran (a prin Management Inc.

(Firm/Company)

2581 Hidden (ove Road

(Address)

(Address)

(Address)

(Oliv. State and Zio Code)

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

Tohn A. Foran at (410) 224-2547.

(Name of Person) Area Code & Daysime 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

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:

Foran Capital Management, Inc.
(Name of corporation: must include the word "MCORPORATED", "COMPANY", "CORPORATION" or words of 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. Mery and 3. 52-1923929 (State or country Junder the law of which it is incorporated) [State or country Junder the law of which it is incorporated]
4. (Date of Incorporation) (C) 1. (Durgiton: Your corp. will cease to exist or 'perpetual')
6. Scikeline after allaltication NA (Date first transacted bulginess in Florida. 1590 sections port. 1507, 607.1502, and 817.155, F.S.)
7. 258/ Hidden Cove Road
(Current mailing address)
8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: <u>C.T. Corperation Systems</u> Office Address: 1200 South Pine Island Rd.
Office Address: 1200 South Fine Island Na. Plantation, Florida, 33324 (Zip Code)
40 Besistand agent's accentance:
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.
(Registered agent's signaturally retary.
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 accoptable)
Chairman: MO Election not to have a board of directors (A)
Address:
Vice Chairman:(N/A)
Address:
Director:
Address:
N/A
Director: (N/Z') Address:
Address.
B.OFFICERS(Street address only- P. O. Box NOT acceptable)
President: John A. Foran
Address: 258/ Hidden Cove Road
Unnapelis, MD 21401
Vice President: John A Forall
Address: 098/ Hillan Cove Ra, Williams The State
The A Faces
Secretary:
Address:
Trassurer: John A. Foran
Address: 258/ Hidden Cove Rd, amples MD 2110/
NOTE: If necessary, you may attach an addendum to the application listing additional afficens and/or directors.
13. Marie Ma
(Signature of Chairman, Wice Chairman, or any officer firsted in 12 of the application)
14. (Typed or printed name and capacity of person signing application)

STATE OF MARYLAND

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STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

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I, NANCY GRUENINGER
OF THE STATE DEPARTMENT OF ASSESSMENTS
AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID
DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS
OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE
CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND
I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT FORAN CAPITAL MANAGEMENT, INC.
IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF
THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL
ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON
THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS
AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT
AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER
OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE
OF MARYLAND.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 14TH DAY OF JUNE, 1995.

NANCY GRUENINGER ADMINISTRATIVE OFFICER

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