# 1500004289



Donna Larker Owner

3424-18 Old St. Augustine Road Tallahassoo, Florida 32311 Phone & Fax (904) 671-1741 000001577940 -09/05/95--01061--006 \*\*\*\*122.50 \*\*\*\*122.50

Examiner's Initials

OFFICE USE ONLY

### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

| 1. |  | 2444X         | S CELLUL   | AD D      | מטאי                                  | UCTS, INC.                          |                                  | W95-17763  |  |
|----|--|---------------|--|-----------|---------------------------------------|-------------------------------------|----------------------------------|--|--|
|    |  | UNTRID        | (Corporation No  | insa)     | 1/01/                                 | OCTO/ INC.                          | (Document #)                     | <u> </u>   |  |
| 2. | (Corporation Name)                         |               |  |           |                                       | (Document #)                        |                                  |  |  |
| 3. | (Corporation Name)                         |               |  |           | · · · · · · · · · · · · · · · · · · · | (Document #)                        | ument #)                         |  |  |
| 4. | (Corporation Name)                         |               |  |           |                                       |                                     | (Document #)                     |  |  |
|    | XX Walk in X Pick up time                  |               |  |           | <u>2:</u>                             | 00 PM                               | XX Certified Co                  | py = S =   |  |
|    |  | Mail out      | Willw  | nit       |                                       | Photocopy                           | Certificate of                   | Status Status Franchicular September 1987 Status |  |
| ĺ  | NEW FILINGS                                |               |  |           |                                       | AMENDME                             | NTS                              |  |  |
| Ì  | NonProfit Limited Liability  Domestication |               |  | Amendment |                                       |                                     |                                  |  |  |
| ľ  |  |               | Resignation of R.A., Change of Registered Dissolution/Withdraw |           | A., Officer/Director                  | <u> </u>                            |                                  |  |  |
| Ì  |  |               |  |           | red Agent                             | J.59/3                              |                                  |  |  |
| Ì  |  |               |  |           | awal                                  | ] SS BA                             |                                  |  |  |
| ľ  |  | Other         | ····   |           |                                       | Merger                              |                                  | SEGRET<br>DIVISION C                             |  |
|    |  |               |  | •         |                                       |                                     |                                  | P-5  |  |
| [  | OTHER FILNGS                               |               | REGISTRATION/  |           |                                       |                                     |                                  |  |  |
|    |  | Annual Report |  |           | QUALIFICATION                         | <b>'</b>                            | ORPORATIONS ORPORATIONS PH 3: 41 |  |  |
| ĺ  |  | Fictitious N  | lame   |           | XX                                    | Foreign                             |                                  | STATE<br>RATIONS<br>3: 4 1                       |  |
|    |  | Name Res      | ervation   |           |                                       | Limited Partnershi<br>Reinstatement | P                                | <b></b>  |  |
|    |  |               |  |           | <u> </u>                              | Trademark                           |                                  |  |  |
|    |  |               |  |           |                                       | Other                               | <del>─</del> ┤                   |  |  |

## APPLICATION BY ORUGEN CORPORATION FOR ADDITION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLUHIDA STATUTES, THE FULLUSVING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| -1.      | EXPNESS CELLULAR PRODUCTS, INCRESSE  | andage to<br>The Secretary of the Secretary | **   15 m              |
|----------|--|---|------------------------|
|          | (Nume of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATIO" abbreviations of like import in language as will clearly indicate that it is a corporation instead of or parmership if not so contained in the name at present.) | Nºo. vore   | noriad<br>paraon       |
|          |  |   |                        |
| 2.       | PENNS Y L VANIA  (State or country under the law of which it is incorporated)  (FEI number, if applicable)   | 98  |                        |
| 4.       | (Date of Incorporation)  (Date of Incorporation)  (Duration: Year corp. will cease to exist or Traite of Incorporation business: upon Qualification  |   |                        |
| 6        | Date of incorporation) (Duration: Year comp. will cease to exist or  | perpotua  | ļ* ·                   |
| 7.       | . P.O. BOX 440, KULPSVILLE, PA 19443   | 55  |                        |
|          |  | SEP   |                        |
|          | (Current mailing address)  | l<br>(D   |                        |
|          | 1  | U.  | را بي نز               |
| 8.       | - · · · · · · · · · · · · · · · · · · ·  | PH  | TRAPEST<br>STREET      |
| 8.       | TRADING ELECTRONIC GOODS  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of   | 子<br>Florida  | CREOS TAIL             |
| 8,<br>9. | TRADING ELECTRONIC GOODS  (Purposels) of corporation authorized in home state or country to be carried out in the state of   | Florida)  | CAFOR THOKS            |
|          | TRADING ELECTRONIC GOODS  (Purposels) of corporation authorized in home state or country to be carried out in the state of   | PH OF Floridge  | COF STATE<br>FOR STATE |
|          | TRADING ELECTRONIC GOODS  (Purposels) of corporation authorized in home state or country to be carried out in the state of Name and street address of Florida registered agent:  | PH Floridge   | CAFOR TIONS            |
|          | TRADING ELECTRONIC GOODS  (Purposels) of corporation authorized in home state or country to be carried out in the state of Name and street address of Florida registered agent:  Name: Televingon  | Floridg)  | CAROR TIONS            |

#### 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.

(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.

| 12-1        | mes and addresses of officers and/or directors:                                      |  |
|-------------|--|--|
| A.          | DIRE CORS  | . ( ,  |
|             | Chairman:  |  |
|             | Address:   |  |
|             | Vice Chairman:   |  |
|             | Addross:   |  |
|             | Director:  |  |
|             | Address:   |  |
|             | Director:  | -  |
|             | Address:   | SECRITOR SEC |
| В.          | OFFICERS (// Ma  | 29-5-5-FE  |
|             | President: PAULD W. MAUSOLF Address: 899 QUINN LANE                                  | P. 33  |
|             | Address: 899 QUINN LANE LANSDALE, PA 19446   | PH 3: 41   |
|             | Vice President:  |  |
|             | Address:   |  |
|             | Socretary: DAN GEIGER  Address: 1912 NASHMONT CT  LANSDALE, PA 19446                 |  |
|             | Treesuror:   |  |
|             | Address:   |  |
| NOT<br>and/ | : If necessary, you may attach an addendum to the application listing directors.     | ng additional officers   |
|             |  |  |
| 13.         | gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the applic | ation) l.cate  |
| 14.         | Typod or printed name and capacity of person signing application)                    | ation) withcate  |



#### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

AUGUST 31, 1995

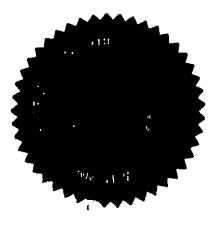
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

EXPRESS CELLULAR PRODUCTS, INC.

SECRETARY OF STATES

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

DPOS