

# F 95000005047

TO: Qualification/Tax Lien Section  
Division of Corporations

000001612650  
10/17/95--01050--019  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: North Shore Reporting Agency, Inc # 1017  
(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:

CHRISTINE Fairchild Mascia  
(Name of Person)  
North Shore Court Reporting Agency, Inc  
(Firm/Company)  
ONE Murray Avenue  
(Address)  
Port Washington N.Y 11050  
(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 16 AM 9:30

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

Jacquie Goldberg  
(Name of Person)

516-944-6654  
at 1-800-794-5342  
(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 Section  
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:

1. North Shore Reporting Agency, 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. New York State  
(State or country under the law of which it is incorporated)
3. 11-2575548  
(FEI number, if applicable)
4. 7/21/81  
(Date of incorporation)
5. N/A  
(Duration: Year Corp. will cease to exist or "perpetual")
6. not yet waiting approval  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. ONE Murray Avenue Fort Washington N.Y. 11050  
(Current mailing address)
8. Court Reporting Services to lawyers, Courts, Government.  
(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: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: CHRISTINE FAIRCHILD MASEIA  
Office Address: 125 NORTH AVENUE Suite 318  
Palm Beach, Florida, 33480  
(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.

Christine Fairchild Maseia  
(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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 16 PM 9:30

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: N/A

Address: N/A

Vice Chairman: N/A

Address: N/A

Director: N/A

Address: N/A

Director: N/A

Address: N/A

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 16 AM 9:30

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

President: CHRISTINE Fairchild MASLIA

Address: 1 Murray Avenue Port Washington N.Y. 11050

Vice President: N/A

Address: N/A

Secretary: Estelle Grassadonia

Address: 11-65 Jackson Avenue Scarsdale N.Y. 10583

Treasurer: Carolyn E. MASLIA

Address: ONE Murray Avenue Port Washington, N.Y. 11050

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)

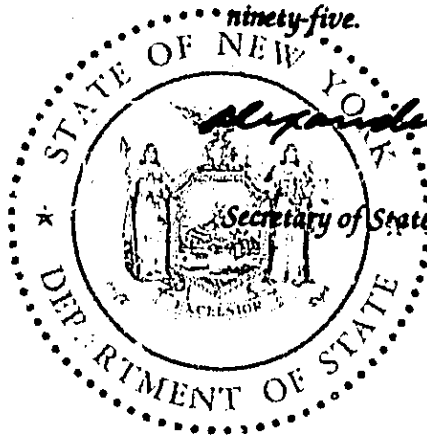
14. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

**State of New York**  
**Department of State** | **ss:**

I hereby certify, that the certificate of incorporation of NORTH SHORE REPORTING AGENCY, INC. was filed on 07/21/1981, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 20th day of September  
one thousand nine hundred and  
ninety-five.



*Alexander F. Trenchard*

199509210217

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 16 AM 9:30