Division of Corporations	\$\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
SUBJECT: The Phone of Corporation - must include sullix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Trar Florida", "Certificate of Existence", and check are submitted to register the a foreign corporation to transact business in Florida.	sact Business in bove referenced
Please return all correspondence concerning this matter to the following:	ζ.
Gregory Luff (Name of Person) THE PHONCO INC- (Firm/Company) I Neshaminy Interplex Suite (Address) TREVOSE, PA 19053	FILED STATE OF CORPORATIONS AN 12 At 8: 34
Should you need to call someone concerning this matter, please call:	#
Gregory LUFF at (215)	244-4334

(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 Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

1 12

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:

	THE	Phoneo.	INC		
(Name of con abbreviations person or part	oration: must in of like import in nership if not so	Phone of "INCORPOR language as will clearly indic contained in the name at pre-	ATED", "COMPAN rate that it is a corpor sent.)	NY", "CORPORATION ration instead of a natur	or words or
2. Ten	USY Vov	which it is incorporated)	3. <u>23</u>	-278860 (FEI number, if applica	3
4. (Date	of Incorporation	n)	5. (Duration: Year	COP. will cease to exist	or "perpetual")
6. (Date first	IONE transacted busin	ess in Florida. (SEE SECTION	s 607.1501, 607.150	D2, AND 817.155, F.S.)	<u></u>
7	Nest	HAMINY IN	Terplex	- Suite	105
		7	9053		,,,,, ,,
		·			α
8	a	orized in home state or country	ecommy	WICATION	<u>s Compan</u>
(Purpose(s) or o	corporation autho	onzed in nome state of count	ry to be carried out if	i the state of	
9. Name and s acceptable)	street addres	s of Florida registered	agent: (P.O. B	ox or Mail Drop B	1/7
Name:	C T Co	rporation System	1		HOFE W 12
Office Address:		outh Pinc Island	Road		ECRETARY OF STATE SION OF CORPORATION JAN 12 AM 8: 34
	Plantat	ion	, Florida ,	33324 (Zip Code)	3t William
			((Zip Code)	cs.
10. Registered	agent's acc	eptance:			

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) Address: Vice Chairman:______ Address: ___ Director: Address: ... Director: __ Address: __ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: __ Address: ___ Vice President: ___ Address: _ (9152 Secretary: _ Address: Treasurer: 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)



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JANUARY 02, 1996

TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

I DO HEREBY CERTIFY THAT.

THE PHONCO, INC.

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 confice to be affixed, the day and year above written.

Secretary of the Commonwealth

DPOS