# F9600000500

#### **COURIER ADDRESS:**

TO:

Qualification/Tax Lien Section Division of Corporations

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. COMTRAX TECHNOLOGIES, TNC.  (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. DELALIAN F (State or country under the law of which it is incorporated)  3. 650612730 (FEI number, if applicable)	
4. Date of Incorporation)  5. PERPETUA-L  (Duration: Year corp. will cease to exist or "poppetual")?	<b>'</b> .
6. HAS NOT YET TRANSACTED BUSINESS (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	
7	i I
3534 PALLADIAN CIRCLE DECETELD REACH, TLY33442	
(Current mailing address)	6
8. TO MARKET A COMPUTER SECURITY DEVICE ONCE ONTRACT IS	
8. TO MANKET A COMPUTER SECURITY DEVICE ONCE COUTRACT IS (Purpose(s) of corporation authorized in home state or country to be carried out in the state of  ACHIEU	50
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: DONALD R. GREENBERG	
Office Address: 3534 PALLADIAN CIRCLE	
DELLFIELD BEACH, Florida, 33472	
10. Registered agent's acceptance: (Zip Code)	
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.	<u>.</u>
(Registered agent's signature)  11. Attached is a tertificate 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) DESOFIELD OSTACIA FC 33447 Address: Vice Chairman: Address: ARRAHIM Director: Address: DATRICK EDMONOSON Address: \_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: \_ Vice President: \_/ Address: ABRAHAIT Secretary: Address: ABRA HAM Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers add/or directors 13. Signature of Chairman, Nice Chairman, or any officer listed in number 12 of the application) MD VC - (A FENDENC, CHAIRMAN + MESIDEN)
(Typed or printed name and capacity of person/signing application) 14,

### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREPY CERTIFY \*COMTRAX TECHNOLOGIES, INC.\* IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER,

A.D. 1995.



Edward J. Freel, Secretary of State

AUTHENTICATION:

7705201

DATE: 11-08-95

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