



John Marston Group
Tallmadge, OH 44128

904-222-1991 FAX

96 FEB 27 PM 1:31
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032
REFERENCE : 056412 11622A
AUTHORIZATION : *Patricia Pyjunt*
COST LIMIT : \$ 70.00

ORDER DATE : February 22, 1996

ORDER TIME : 12:14 PM

ORDER NO. : 056412

800001725778

CUSTOMER NO: 11622A

CUSTOMER: John Lori, Esq
Marston Group
5775 Allentown Boulevard
Harrisburg, PA 17112

FOREIGN FILINGS

NAME: MARSTON GROUP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2/27
96 FEB 27 PM 3:03

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Clint D. Fuhrman

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

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

1. MARSTON GROUP, 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. PENNSYLVANIA 3. 25-1698956
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/7/92 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1996
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 5775 ALLENTOWN BOULEVARD
HARRISBURG, PA 17112
(Current mailing address)
8. MERGE, ACQUISITION AND ADVISORY SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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9. Name and street address of Florida registered agent:

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 Hays Street,

Tallahassee, Florida, 32301
(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.

CORPORATION SERVICE COMPANY Laura R. Dunlap,
By: Laura R. Dunlap As 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. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Edward M. Baon

Address: 5775 Allentown Blvd
Harrisburg Pa 17112

Vice Chairman: _____

Address: _____

Director: John M. Loni

Address: 5775 Allentown Blvd
Harrisburg Pa 17112

Director: _____

Address: _____

B. OFFICERS

President: John M. Loni

Address: 5775 Allentown Blvd
Harrisburg Pa 17112

Vice President: _____

Address: _____

Secretary: Edward M. Baon

Address: 5775 Allentown Blvd
Harrisburg Pa 17112

Treasurer: John M. Loni

Address: 5775 Allentown Blvd
Harrisburg Pa 17112

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Edward M. Baon
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

14. Edward M. Baon Chairman/CEO
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS
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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

FEBRUARY 23, 1996

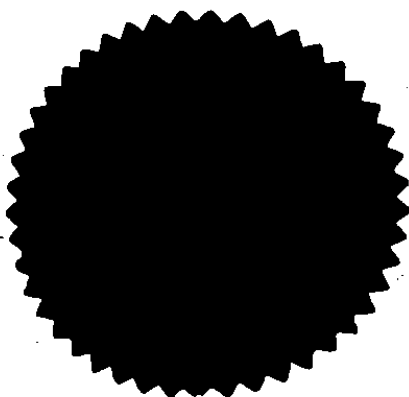
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MARSTON GROUP, 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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
26 FEB 27 PM 3:03



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

F96000001007

STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued into the State treasury. Three years is generally interpreted as meaning three years from the date of payment government which initially collected the money. The Comptroller has delegated the authority to accept applications for refund to the unit of State

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: MARSTON Group Inc EIN or SS#: 25-1698956

Address: 5775 Allentown Blvd
HARRISBURG, PA 17112-4041

Amount: \$165.00 Date Paid: 2/10/97

Reason for claim: Corp. withdrawn, no A/R required - F96000001007
BP7 2/19/97

Certified true and correct this 24th day of Feb, 19 97.

Signature: John M. Lou, President

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>165.00</u>
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. <u>91900 1041</u> dated <u>02-14-97</u>	
Name of Account: <u>45202130001453000000000010000</u>	
Statutory Authority for Collection: _____	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency) _____ (Authorized Signature and Title)	

F96000001007

Requestor's Name

Marston
G R O U P

5775 Allentown Boulevard
Harrisburg, PA 17112-4041

Office Use Only

BER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

97 FEB 10 PM 2:38
RECEIVED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-02/11/97--01049--015
*****35.00 *****35.00

2/17
Joy Withcharal

Examiner's Initials

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

MARSTON GROUP, Inc
(Name of Corporation)

Pennsylvania
(Incorporated Under Laws Of)

97 FEB 10 PM 2:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

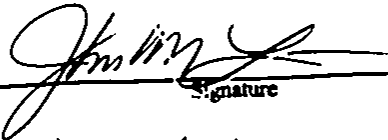

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

5775 ALLENTOWN BLVD
(Mailing Address)

HARRISBURG PA 17112
(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

 
Signature Title
John M. Lori 2/6/97
Typed or printed name Date