

ACCOUNT NO.

: 072100000032

REFERENCE :

927747

4355015

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : April 23, 1996

800001795058

ORDER TIME : 11:09 AM

ORDER NO. : 927747

CUSTOMER NO:

4355015

CUSTOMER:

Claire Pare, Esq. 360 Lexington Avenue Ste. 1502 New York, NY 10017

FOREIGN FILINGS

NAME: CHILD CARE ASSOCIATES INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

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	CITIED CARB ASSOCIATES INC. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or altereviations 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 or country under the law of which it is incorporated). (1931 number, if applicable)
4	, OCTOBER 24, 1995 5. PERPERUAL.
	(Duration: Year corp. will cease to exist or "perpetual")
	DATE OF ITLING OF THIS APPLICATION (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 817.753, F.S.) (Date first transacted business in Florids, (See sections 607.1501, 607.1502, and 617.1502, and
,	360 LEXINGTON AVENUE, SUITH 1502; NEW YORK, NY 10017 (Current mailing address)
A,	
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Piorida)
	Name: Corporation Service Company Office Address: 1201 Hays Street
	Tallahassee , Florida, 32301
	(Zip Code)
	. Registered agent's acceptance:
eg ef	tving been named as registered agent and to accept service of process for the above stated reporation at the place designated in this application, I hereby accept the appointment as existered agent and agree to act in this capacity. I further agree to comply with the provisions all statutes relative to the proper and complete performance of my duties, and I cm familiar th and accept the obligations of my position as registered agent.
	(Rugister d agent's signature)
1.	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: ۸. DIRECTORS Chairman: ANTHONY ROSS THREE HIGHLAND AVENUE Address: NORTH TARRYTOWN, NY 10391 Vice Chairman: Address: DONNA ROSS Director: THREE HIGHLAND AVENUE Address: RORHI CARRYTOWN, NY 19571 Director: Address: B. **OFFICERS** President: DONNA ROSS THREE HIGHLAND AVENUE Address: NORTH TARRYTOWN, NY 10591 Vice President: Address: Secretary: ANTHONY ROSS THREE HIGHLAND AVENUE Address: BORTH TARRY-OWN, NY 10591 Treasurer: ___ Address: _____

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

Vice Chairman, or any officer visted in number 12 of the application.

(Typed or printed name and capacity of person signing application)

directors.

14. ANTHONY ROSS, CHAIRMAN

State of New York Department of State

I hereby certify, that the certificate of incorporation of CHILD CARE ASSOCIATES INC. was filed on 10/24/1995, 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.

I further certify, that no other certificates have been filed by such corporation.

Witness my hand and the official seal of the Department of State at the City of Alpany, this 22nd day of April one thousand nine hundred and ninety-six;

Secretary of State

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