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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

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Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Merger

Examiner's Initials

CR2E031(10/92)

Other

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. DEGIS CHEAN SERVICES, THE
1. BLUE OF EARLY SERVICES TOO (Name of corporation: must include the word "INCORPORATION", "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 TERSEY 3. 22-33/6/17 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. O2-20-1993 (Date of Incorporation) 5. PERPETURE (Duration: Year corp. will cease to exist or "perpetual")
6. OU-01-06 (Date first transacted business in Florida. (See Sections 607.1501, 607.1502, AND 817.155, P.S.)
7. PTAYFOR BD
MARLBORO NT 07716 SR (Current mailing address) SR
8. TRAFFIC CONSULTANTS (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida 2000
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT)
· · · · · · · · · · · · · · · · · · ·
Name: FLORENGE ZELLNER
Office Address: 7950 W. Mc NAB RD
Office Address: 7950 (U. Me. NAB RD. TAMBRAL , Florida , 3333/
Office Address:
Office Address: 7950 (U. Me. NAB RD. TAMBRAL , Florida , 3333/

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) Chalrman: STUART W. ROLAND Address: 49 TAVISOR MARIABORU ALTOSOULO Vice Chairman: _____ Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: STUART W. ROLAND Address: Vice President: _____ Address: _____ Secretary: Address: Treasurer: <u>TOAN</u> ROLAND Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and officers an (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) STUART W- ROLAND
(Typed or printed name and capacity of person signing application)

NEW JERSEY SECRETARY OF STATE

BLUE OCEAN SERVICES, INC.

·I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT THE RECURDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY OF THE ABOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON FEB. 26,1993.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW, SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE, ANNUAL REPORTS ARE OUTSTANDING FOR 96.

I FURTHER CERTIFY THAT HE LOCATION OF THE REGISTERED OFFICE IS

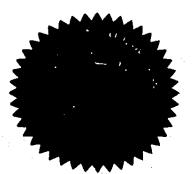
8 TAYLOR RD.

MARLBORG

NJ 07746

AND THE REGISTERED AGENT IS STUART ROLAND.

APR. 24,1996



Crone R. Hooly