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Examiner's Initials

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

INISITE ALPHA. INC.  (Name of corporation: must include the word "INCORPOR abbreviations of like import in language as will clearly indicaperson or partnership if not so contained in the name at present.")	ATED*, "COMPANY", "CORPORATION" or words or stee that it is a corporation instead of a natural ent.)
2. DELAWARE (State or country under the law of which it is incorporated)	3. (FEI number, if applicable)
4. 3-7-96	5. PERPETUAL
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION	
(Date first transacted business in Florida, (See sections	6 N
7. 1601 N. Glen	ville Dr., Ste. 100
0.1.1.	TX 75081 3 3
Kicharason (Current mailing	7 × 75081 30 80 80 80 80 80 80 80 80 80 80 80 80 80
	2: 2
8. PROVIDE SITE SHARING CAPACITY FOR WIRI (Purpose(s) of corporation suthorized in home state or country	
9. Name and street address of Florida registered a acceptable)  Name: NRAI SERVICES, INC.	rgent: (P.O. Box or Mail Drop Box NOT
Mario.	FG5= 1
Office Address: 526 E. PARK AVENUE	<del></del>
TALLAHASSEE	, Florida , <u>32301</u> (Zip Code)
10. Registered agent's acceptance:	(Zip Code)
Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. It all statutes relative to the proper and complete perform and accept the obligations of my position as registered agent.  11. Attached is a certificate of existence only authent delivery of this application to the Department of Sofficial having custody of corporate records in the incorporated.	in, I hereby accept the appointment as further agree to comply with the provisions of mance of my duties, and I am familiar with ad agent.  SST. Secretory a signature) icated, not more than 90 days prior to itate, by the Secretary of State or other

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) Chairman: LEO J. CYR Address: 1601 N. GLENVILLE DRIVE, SUITE 100 RICHARDSON, TX 75081 Vice Chairman: FRANK DEL COL Address: 1601 N. GLENVILLE DRIVE, SUITE 100 RICHARDSON, TX 75081 Director: <u>STEVEN HELLMAN</u> Address: 1601 N. GLENVILLE DRIVE. SUITE 100 RICHARDSON TX 750R1 Director: \_\_\_ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: LEO J. CYR. Address: 1601 N. GLENVILLE DRIVE, SUITE 100 RICHARDSON TX 75081 Vice President: FRANK DEL COL Address: 1601 N. GLENVILLE DRIVE, SUITE 100 RICHARDSON, TX 75081 Secretary: STEVEN HELLMAN Address: 1601 N. GLENVILLE DRIVE, SUITE 100 RICHARDSON, TX 75081 Treasurer: \_ STEVEN HELLMAN Address: 1601 N. GLENVILLE DRIVE, SUITE 100 RICHARDSON, TX: 75081 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. re of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

President

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

## ATTACHMENT TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ADDITIONAL OFFICERS:

VICE PRESIDENT: STEVEN HELLMAN

ADDRESS: 1601 N. GLENVILLE DRIVE, SUITE 100

RICHARDSON, TX 73081

DIVISION OF CORPORATIONS

96 MAY 21 PM D: 21

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNISITE ALPHA, 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 SEVENTEENTH DAY OF MAY,



Edward J. Freel, Secretary of State

AUTHENTICATION:

7949663

DATE:

05-17-96

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