**Division of Corporations** ANALYTICAL AUTOMATION SPECIALISTS, INC. SUBJECT: (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: MARSHA W. LEBLANC (Name of Person) ANALYTICAL AUTOMATION SPECIALISTS, INC. (Firm/Company) 11723 SUNBELT COURT (Address) BATON ROUGE, LOUISIANA 70809 (City/State/Zip) Should you need to call someone concerning this matter, please call:

### **COURIER ADDRESS:**

MARSHA W. LEBLANC

(Name of Person)

TO:

Qualification/Tax Lien Section

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

753-5467

(Area Code & Daytime Telephone Number)



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 13, 1996

MARSHA W. LEBLANC ANALYTICAL AUTOMATION SPECIALISTS, INC. 11723 SUNBELT COURT BATON ROUGE, LA 70809

SUBJECT: ANALYTICAL AUTOMATION SPECIALISTS, INC. Ref. Number: W96000010169

We have received your document for ANALYTICAL AUTOMATION of SPECIALISTS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$7061.25.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 296A00023742

25 KAY 21 PHI2: 59

# ANALYTICAL AUTOMATION SPECIALISTS, INC.

May 17, 1996

Florida Department of State Attn.: Jennifer Sindt Document Examiner P O Box 6327 Tallahassee, FL 32314

Ref.: W96000010169

Dear Ms. Sindt:

As per our conversation and your letter attached a sworn affidavit to correct the erroneous information submitted on our application to do business in the State of Florida.

If you need any other information, or have any questions please call me at (504) 753-5467,

Thank you for you cooperation on this matter.

Sincerely.

Marsha W. LeBlanc Office Manager FILED STATE ARY OF STATE OF CORPORATIONS



# Analytical Automation Specialists

11723 Sunbell Court Baten Rouge, Louisiana 70809 Office: 604.753.6407 Fax: 504.763.0916

## AFFIDAVIT TO FLORIDA DEPARTMENT OF STATE

On question number 6 on our application by Foreign Corporation for Authorization to Transact Business in Florida erroneous information was submitted. We reported transacting business and affairs in Florida and under Florida Statues 607,1501 and 617,1501 and we do not constitute transacting business or conducting affairs in the state of Florida.

We will upon qualification report any business transacted in the state of Florida.

Name of Firm:

Analytical Automation Specialists, Inc.

James 7. helowell pagnes F. McDowell, President

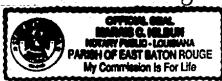
SUBSCRIBED AND SWORN to be before me

the 17 day of May , 1996

Morais C. Helbren
NOTARY PUBLIC in and for the

State of Louisiana

residing at East Baton Pouce Boush



# 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.	ANALYTICAL AUTOMATION	SPECIALISTS, INC	و ران	•	
1.	(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.	LOUISIANA		-NA-		•
4,	(State or country under the law of w	hich it is incorporated)	( Fill number, if	applicable)	
4.	MARCH 27, 1981		"PERPETUAĻ"		
	(Date of Incorporation)	· · · · · · · · · · · · · · · · · · ·	(Duration: Year corp. v "perpetual")	vill cease to exist o	r
6.	JANUARY 19, 1990				٠
٠.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)				
7.	11723 SUNBELT COUR	T			
	BATON ROUGE, LOUIS	IANA 70809		5	SECR
		(Current mailing a	iddress)	7	
Q	PROVIDE LABORATORY IN	FORMATTON MANAGEM	FNTV CVCTFMC		CC33
٥, .	(Purpose(s) of corporation authoriz	ed in home state or coun	try to be carried out in the	state of Florida	
9.	Name and street address of F acceptable)  JAMES	Torida registered ag	ent: (P.O. Box or Ma	uil Drop Box 1	
	Name:		<del> </del>	**	
	Office Address:	5100 HWY 98 EAST			
		DESTIN	, Florida ,	32541	
10.	Registered agent's acceptant	re•		(Zip Code)	-
		the second second			
cor	ving been named as registere	d agent and to acc	ept service of proces.	s for the above	etated
	poration at the place design istered agent and agree to act statutes relative to the proper accept the obligations of my p	ated in this application this capacity. I for and complete performs osition as registered (Registered agent's s	ition, I hereby acception, I hereby acception in the comply mance of my duties, agent.    W	ot the appointm with the provi and I am famili	

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) Address: Vice Chairman: \_\_\_\_\_\_ Address: \_\_\_ Director: Address: \_\_\_\_\_ Director: \_\_ Address: \_\_\_\_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) JAMES F. MCDOWELL President: 1526 TWISTED OAKS LANE Address: BATON ROUGE, LOUISIANA 70810 Vice President: PATRICIA J. MCDOWELL 1526 TWISTED OAKS LANE Address: BATON ROUGE, LOUISIANA 70810 Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) mes 7. The Dowch JAMES F. MCDOWELL, PRESIDENT

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



SECURIONALES OF STATE

As Tecretary of State, of the State of Louisiana, I do hereby Certify that ANALYTICAL AUTOMATION SPECIALISTS, INC.

A Louisiana corporation domiciled at Baton Rouge,

Filed charter and qualified to do business in this State on March 27, 1981,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In Irstimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Balon Rouge on,

Secretary of State