

Document Number Only
F96000003844

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
CORPORATION(S) NAME

200001908312
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*****70.00 *****70.00

Transport Flowgistics Corp.

7/30

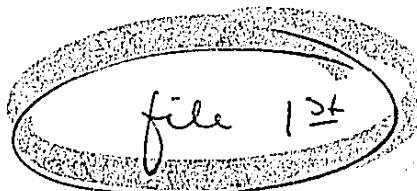
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|--|---|--|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> CUS | <input type="checkbox"/> Call When Ready |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Walk In |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Pick Up | <input type="checkbox"/> Mail Out |
| <input type="checkbox"/> Call if Problem | | |
| <input type="checkbox"/> Will Wait | | |

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SECRETARY OF STATE

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W.P. Verifier

7/30/96

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**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. Transport Flowristics Corp.
(Name of corporation: the word "INCORPORATED," "COMPANY," or "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 Jersey
(State or country under the law of which it is incorporated)
3. June 13, 1996
(Date of Incorporation)
4. Perpetual
(Duration)
5. 22-3448597
(Federal Employer Identification number, if applicable)
6. Upon Approval of Application
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 8901 Tonnelle Avenue, North Bergen, New Jersey 07047
(Current mailing address)
8. Truck Transportation Contract Carrier
(Brief description of the nature of the business in which it is engaged in the state of Florida)
9. Names and addresses of officers and or directors:

A. Directors:

Chairman: _____
Director: William M. Clifford
Address: _____
 470 Old Wellington Road

 Manchester, NH 03104

SECRET
TALLAHASSEE

~~Vice Chairman~~ - Director: Arthur E. Imperatore, Jr.
Address: 333 Rector Place
New York, New York 10280

Director: Frederick A. Pereira
Address: 8901 Tonnelles Avenue
North Bergen, NJ 07047

Director: _____
Address: _____

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TALLAHASSEE, FLORIDA

B. Officers:

President: William M. Clifford
Address: 470 Old Wellington Road
Manchester, NH 03104

Vice President: None
Address: _____

Secretary: Arthur E. Imperatore, Jr.
Address: 333 Rector Place
New York, New York 10280

Treasurer: Arthur E. Imperatore, Jr.
Address: 333 Rector Place
New York, New York 10280

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(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T CORPORATION SYSTEM
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
Zip Code

11. 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.

C T CORPORATION SYSTEM

Registered agent's signature: _____
(Officer)

(Type Name and Title of Officer)

12. 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.

13. William M. Clifford
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. William M. Clifford, President
(Name and capacity of person signing application)

State of New Jersey



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TALLAHASSEE, FLORIDA

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Department of State

TRANSPORT FLOWGISTICS CORP.

I, the Secretary of State of the State of New Jersey, DO HEREBY CERTIFY that the records of this office show that the charter of the above-named corporation was filed in this office on the 13th day of July A.D. 1996 and so far as the records of this office show said corporation continues as an existing corporation in the State of New Jersey.

I FURTHER CERTIFY, that the location of the registered office is 8901 Tonnelle Avenue, North Bergen, New Jersey 07047 and the registered agent is William M. Clifford.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton this
19th day of July A.D. 1996.

Donna R. Hooley

SECRETARY OF STATE

