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SUBJECT:

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COURIER ADDRESS:

TO: QUALIFICATION/TAX LIEN SECTION

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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:

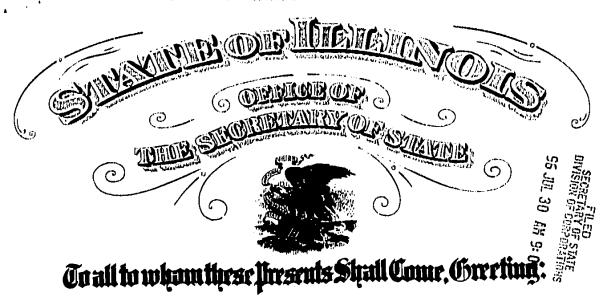
l'araSource Inc.	-
(Name of corporation: must include the word "NCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	วท
2. State or country under the law of which it is incorporated) 3. (FEI number, if applicable)	_
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)	
	_
4. (Date of Incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")	•
6. Fulure-	
(Carta Sens transported business in Florida, (Sen sections 607,1502, 800 817,155, F.S.)	
7. 2732 Hampton Parkway Suit D-1	27
	ر درن
10 coront mailing address 1	0
(Current Hamily address)	3,7
8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	到
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	ï
9. Name and street address of Florida registered agent:	
Name: William 3 DEAS	
Office Address: 2215 Rivering	
Office Address: 22/J / Kivering July (Zip Code)	_
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relative to the proper and complete performance of my duties, and I am family with and accept the obligations of my position as registered agent.	ions
(Registered agent's signature)	

11. 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.

Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) 12. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: __ Address: Vice Chairman: _____ Address: _ Director: Director: Address: __ B.OFFICERS(Street address only- P. O. Box NOT acceptable) President: _ Address: Vice President: ____ Address: ____ Secretary: Address: Treasurer: Address: NOTE: If necessary, voi may attach an addendum to the application listing additional officers and or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

File Wumber 5759-687-2



I, George H. Ryun. Secretary of State of the State of Illinois,

do hereky certify that PARASOURCE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE DECEMBER 16, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS***



In Cestimony W	perrat. I hereto set
my hand and cause to be	
the State of Illinois this	19TH
day ofJULY	A.D., 1996.

George H Ryan
SECRETARY OF STATE