

EDWARDS & ANGELL  
A Partnership in Florida  
2000 PALM W  
TALLAHASSEE, FL 32301  
(904) 218-7700  
(904) 218-0871

F96000003872

July 26, 1996

Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

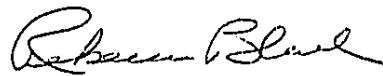
Re: Consigned Systems, Inc.

500001907525  
-07/30/96--01030--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Dear Sir or Madam:

Enclosed for filing on behalf of the subject corporation is an Application by Foreign Corporation for Authority to Transact Business in Florida, together with a Certificate of Existence and Good Standing from the State of Rhode Island, and a check in the amount of \$78.75 for your filing fee and a certificate of status. Please indicate receipt for filing on the extra copy of the Application provided and return it to the undersigned together with your acknowledgment and certificate of status.

Sincerely,



Rebecca Fortuna Black  
Certified Legal Assistant

Encls.

7/31  
JF  
FILED  
96 JUL 30 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Consolidated Systems Inc.  
(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. Rhode Island 3. X  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 9/22/95 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. June 1, 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 381 Wickenden St  
Providence R.I. 02903  
(Current mailing address)
8. Distributor of industrial supplies  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

X Name: Colette O. de Labry  
Edwards & Angell  
250 Royal Palm Way  
Office Address: \_\_\_\_\_  
Palm Beach, Florida, 33480

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TALLAHASSEE, FLORIDA  
(Zip Code)

**10. 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.

Colette O. de Labry  
(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.

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: Michael Brier

Address: 381 Wickenden St  
Providence RI 02903

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Michael Brier

Address: 381 Wickenden St  
Providence RI 02903

Vice President: Michael Brier

Address: \_\_\_\_\_

Secretary: Michael Brier

Address: \_\_\_\_\_

Treasurer: Michael Brier

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael Brier  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael Brier  
(Typed or printed name and capacity of person signing application)

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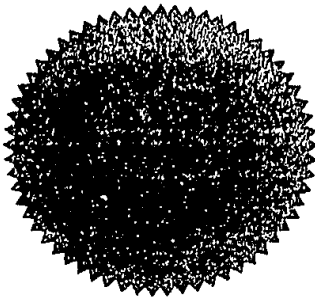
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island  
02903-1335

I, James R. Langevin, Secretary of the State of Rhode Island and Providence Plantations, **HEREBY CERTIFY** that

Consigned Systems Inc.  
a Rhode Island corporation, filed original articles of Incorporation  
in this office on the twenty-second day of September A.D., 1995 ;

I **FURTHER CERTIFY** that said corporation is now of record and in good standing in this office.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed the seal of the  
State of Rhode Island this twenty-third  
day of July A.D., 19 96



James R. Langevin  
Secretary of State

By Debra Anton  
Acting Deputy Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA