

AUTHORIZATION

\$ 70.00 COST LIMIT :

ORDER DATE : August 19, 1996

ORDER TIME : 11:58 AM

ORDER NO. : 057280

4329479 CUSTOMER NO:

CUSTOMER: Karen Bohn, Legal Assistant

Baker & Hostetler

2300 Sun Bank Ctr., Box 112

200 South Orange Avenue

Orlando, FL 32802

100001928841

W94-17572

FOREIGN FILINGS

LECONTE SOFTWARE, INC. NAME:

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Paula K. Kendrick



August 21, 1996

CSC NETWORKS

RESUBMIT

Please give original submission date as file date.

SUBJECT: LECONTE SOFTWARE, INC.

Ref. Number: W96000017572

We have received your document(s) in this office, however, the document is being returned for the following:

The document must include original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays Document Specialist

Letter Number: 596A00039799

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.	LECONTE SOFTWARE, INC.				
••	(Name of corporation: must include the word "INCORPO abbreviations of like import in language as will clearly indiperson or partnership if not so contained in the name at pro-	RATED", "C icate that it is esent.)	OMPANY", CORPOR a corporation instead o	ATION" or words or fanatural	
2,	Tonnessee State or country under the law of which it is incorporated)	3	62-1279050 (FEI number, i	GVa-bles	
()	State or country under the law of which it is incorporated)		(FEI number, 1	ir applicable)	
4.	May 1, 1986 (Date of Incorporation)	_ 5.	Perpetual		
	• •				
6.	Upon offuctive filing date (Date first transacted business in Florida. (SEE SECTION	of this	607.1502. AND 817.15	5, 6.50)	
				96 AU SECR	
7.	6355 MetroWest Boulevard, St	uito 430	<u> </u>	mm S	
				(A) = 10	
	Orlando, Florida 32835 (Current mail	ing addrage\		m = 243	
	(Curent man	nik accress)			
	Computer software services			AND IS	
i	(Purpose(s) of corporation authorized in home state or coun	try to be carr	ied out in the state of		
1	Florida)				
 Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) 					
	Name: A.G.C. Co.				
Office Address: 200 South Orange Avenue, Suite 2300					
	Orlando	, Fl	orida, <u>32801</u>		
10	Registered agent's acceptance:		(Zip Code)		
	•			1 44.3	
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.					
	A.G.C. Co. By: Kenneth C.Registern of Vice President	ph's signature	Jul the		
11.	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:

A.	DIRECTORS
	Chairman:
	Address:
	Vice Chairman:
	Address:
	Director: Carl F. Maples, Jr.
	Address: 6355 MetroWeat Blvd., Suite 430
	Orlando, Florida 32835
	Director:
	Address:
В.	OFFICERS
	President: Carl F. Maples, Jr.
	Address: 6355 MetroWest Blvd., Suite 430
	Orlando, Florida 32835
	Vice President: Matthew B. Powell
	Address: 6355 MetroWest Blvd., Suite 430
	Orlando, Florida 32835
	Secretary: Donna P. Maples
	Address: 6355 MetroWest Blvd., Suite 430
	Orlando, Florida 32835
	Treasurer:
	Address:
	If necessary, you may attach an addendum to the application listing additional officers directors.
	And 7 marks on a
13.	Caul 7: Maples, Jr. PRESIDENT prature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4.4	

Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATH: 08/19/1996 REQUEST NUMBER: 96232124 THLEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/24/1986 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0167180 JURISDICTION: TENNESSEE

TO: THE SEARCH IS ON PO BOX 120598

NASHVILLE, TN 37212

REQUESTED BY: THE SEARCH IS ON PO BOX 120598

NASHVILLE, TN 37212

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "LECONTE SOFTWARE, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

SECRETARIA CA STATE

FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/19/96

RECEIVED:

\$20.00

\$20.00

TOTAL PAYMENT RECEIVED:

\$40.00

RECEIPT NUMBER: 00001998645 ACCOUNT NUMBER: 00000499



TSIO (BOX 120598) P. O. BOX 120598

NASHVILLE, TN 37212-0000

FROM:

RILEY C. DARNELL SECRETARY OF STATE