

**F96000005055**

TO: Qualification Tax Lien Section  
Division of Corporations

200001941712  
-09/06/96--01099--007  
\*\*\*\*\*122.50 \*\*\*\*\*122.50

SUBJECT: NETPLANNER SYSTEMS, INC. W96-18867  
(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:

Jim Jennings  
(Name of Person)  
HARSHMAN + PHILLIPS, P.C.  
(Firm/Company)  
4484 N. SHALLOWFORD Rd.  
Suite 301  
(Address)  
Atlanta, GA. 30338  
(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

56 OCT - 1 PM 2:24

FILED

Should you need to call someone concerning this matter, please call:

Jim Jennings at (770) 804-0300  
(Name of Person) (Area Code & Daytime Telephone Number)  
FAX: 770-804-0311

**COURIER ADDRESS:**

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



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

September 9, 1996

**JIM JENNINGS**  
**HARSHMAN & PHILLIPS, P.C.**  
**4484 N SHALLOWFORD RD #301**  
**ATLANTA, GA 30338**

**SUBJECT: NETPLANNER SYSTEMS, INC.**  
**Ref. Number: W96000018807**

We have received your document for NETPLANNER SYSTEMS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date.

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) 487-6094.

**Doug Dickinson**  
**Document Specialist**

**Letter Number: 696A00041882**

**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. NETPLANNER 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. GEORGIA 3. 58-1766857  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12-31-87 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.1503, F.S.))

7. 6689 Peachtree Industrial Boulevard  
Suite 0  
Norcross, GA 30092  
(Current mailing address)

8. Install local area networks (LAN)  
(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)

Name: CT Corporation System

Office Address: 1200 South Pine Island Rd.  
Plantation, Florida, 33324  
(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.

Dale Morris

(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)

NONE

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

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

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

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

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

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

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

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

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

President: CLINT BRIDGES

Address: P.O. BOX 129921

NORCROSS, GA 30032

Vice President: \_\_\_\_\_

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

Secretary: J. E. JOLIN

Address: 3856 CHEROKEE TRAIL

SUWANEE, GA 30174

Treasurer: JAMES EDWARDS, JR.

Address: 459 BLANTON ROAD

ATLANTA, GA 30342

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

13. J. Clinton Bridges PRESIDENT 9/4/96  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. J. Clinton Bridges, President  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**Secretary of State**  
**Business Information and Services**  
**Suite 313, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 961770246  
CONTROL NUMBER : 8800752  
DATE INC/AUTH/FILED : 12/31/1987  
JURISDICTION : GEORGIA  
PRINT DATE : 06/25/1996  
FORM NUMBER : 211

NANCY AMES  
HARSHMAN & PHILLIPS  
4484 NORTH SHALLOWFORD RD STE301  
ATLANTA GA 30338

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56 OCT - 1 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF EXISTENCE**

I, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**NETPLANNER SYSTEMS, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

*Lewis A. Massey*  
LEWIS A. MASSEY  
SECRETARY OF STATE

