F9600005909

TO: Qualification/Tax Lien Section Division of Corporations

Dear Sir or Madam:

SUBJECT: Tom Synnott Associates, Inc.; dba TSA/ADVET (Name of corporation - must include suffix)

810000022002216--4 -11/13/96--01038--001 *****78.75 *****78.75

Florida", "Cer	tific	plication by Foreign Corporation for Authorization to Transact Eate of Existence", and check are submitted to register the above in to transact business in Florida.	Busines referen	s in ced		
Please return a	ıll c	orrespondence concerning this matter to the following:				
		Katrina F. Synnott (Name of Person)	-			
		TSA/ADVET				_
	• 1	(Firm/Company)	SECRE ALLAN	40N 96	⊕ Then	$^{N_{l}}$
·••		P.O. Box 44145, 4722 Campbells Run Road (Address)	IART OF	12		147
).		Pittsburgh, PA 15205 (City/State/Zip)	OF STATE FLORIDA	∵		
			IDA A	S. T.		
Should you nee	ed ti	call someone concerning this matter, please call:				

COURIER ADDRESS:

Katrina F. Synnott (Name of Person)

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

412) 787-0980 (Area Code & Daytime Telephone Number)

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.	Tom Synnott Associates, 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.	Pennsylvania 3. 25-1372377 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	11/79	
	11/79 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
	Arc. 10	
6.	October 7, 1996	
	October 7, 1996 (Date first transacted business in Florida, (SEE SECTIONS 607, 1501, 607, 1502, AND 817, 155, ES)	77
		~
′.	P.O. Box 44145, 4722 Campbells Run Road	-
	Pittshursh PA 15205	
	Pittsburgh, PA 15205	フ
	(Current mailing address)	
8.	Retail of Computer Software/Hardware & Related Services (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: Thomas Morrissey. Tom Synnott Associates Inc.	
	Office Address: 14502 N Dale Mabry, Suite 200	
	Tampa , Florida , 33618 Registered agent's acceptance (Zip Code)	
10.	Registered agent's acceptance: (Zip Code)	
regi all : and	ving been named as registered agent and to accept service of process for the above state poration at the place designated in this application, I hereby accept the appointment istered agent and agree to act in this capacity. I further agree to comply with the provisions statutes relative to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent. (Registered agent's signature) Attached is a certificate of existence duly authenticated, not more than 90 days prior to	as
(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) Address: Vice Chairman: Address: Director: Address: Director: < Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Address: //0 Vice President: 15090 Secretary: KEWANNA Address: 152 NNOTT Treasurer: Address: ILACE 15367 NOTE: If necessary, you 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)



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 28, 1996

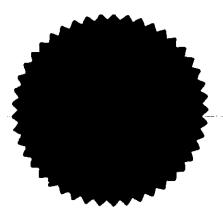
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

95 NOV 12 PH 1: 45
SECRETARY OF STATE
TALLAHASSEE. FLORID

I DO HEREBY CERTIFY THAT.

TOM SYNNOTT ASSOCIATES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF. I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

secretary of the Commonwealth

PHEG