Qualification/Tax Lien Section TO: Division of Corporations

Contaur Consulting, Inc.

SUBJECT:	Contaur Consult					
-	(Name of corp	oration - must inc	lude suffix)	 		
Dear Sir or Mada	am:					
rivitua, Ceitiii	pplication by Foreign Cor cate of Existence", and ch on to transact business in l	eck are submit	uthorization to ted to register t	Transact Bu he above re	siness in ferenced	
Please return all	correspondence concernin	g this matter to	the following:			
	Michael T. McN	elis			SECRET TALLAHA))
	4)	ame of Person)			ARE TO	7
	MITCHELL HURST	JACOBS & DI	СК		21 PH ARY OF SSEE, F	
_	152 East Washi				STATE LORIDA	
-		(Address)			Σ ω	
	Indianapolis,	IN 46204 Lity/State/Zip)		·		
	·					. :
Should you need t	o call someone concerning	g this matter, p	lease call:			
Michael T.		at	, 800	636-0	808	
(Name of Pe	rson)		(Area Code & D			

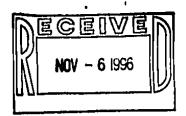
COURIER ADDRESS:

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

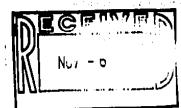
MAILING ADDRESS:

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

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 29, 1996

MICHAEL T MCNELIS MITCHELL HURST JACOBS & DICK 153 E WASHINGTON ST INDIANAPOLIS, TN 46204

SUBJECT: CENTAUR CONSULTING, INC. Ref. Number: W96000022988

We have received your document for CENTAUR CONSULTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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.

A brief description of the entity's nature of business must be included in the document.

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: 796A00049841

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:

3. 35-1371216 (PEI number, if applicable) 5. perpetual (Duration: Year corp. will care in each or "perpetual") SECTIONS 607.1501, 607.1502, AND 817.133, F.S. pet. Indianapolis. IN 46760 it mailing address) under Indiana's and Florida's corporate the or country to be carried out in the state of Florida) stered agent: (P.O. Box or Mail Drop Box NOT) ttle Beth Dr. S. Florida, 33437 (Zip Code)	(State or country under the law of which it is incorporated) April 22-; 1976 (Date of Incorporation) Upon qualification. (Date first transacted business in Florids. (See Sections 607.1501, 607.1502, AND 817.133, F.S.) 9445 North Meridian Street, Indianapolis, IN 46260	٠ ـــ	Centaur Consulting, Inc.		
SECTIONS 607.1501, 607.1502, AND 817.233, F.S.) SECTIONS 607.1501, 607.1502, AND 817.233, F.S.) et. Indianapolis. In 46760 it mailing address) under Indiana's and Florida's corporate the or country to be carried out in the state of Florida) stered agent: (P.O. Box or Mail Drop Box NOT ttle Beth Dr. S. , Florida, 33437 (Zip Code)	April 22-1 1976 (Date of Incorporation) Upon qualification. (Date first transacted business in Florids. (See sections 607.1501, 607.1502, AND 817.235 F.S.) 9445 North Meridian Street, Indianapolis, IN 46760 (Current mailing address) Any and all purposes authorized under Indiana's and Florida's corporate and other laws. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florids) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name:	(Na Wol nat	lame of corporation: must include the word "INCORPORA ords or abbreviations of like import in language as will clea stural person, or partnership if not so contained in the name	IBD", "COMP PY", "CONI ly indicate the ! is a corporate st present.)	PORATION® or ation instead of a
SECTIONS 607.1501, 607.1502, AND 817.133, F.S.) set. Indianapolis. In 46760 cm in mailing address) under Indiana's and Florida's corporate the or country to be carried out in the state of Florida) stered agent: (P.O. Box or Mail Drop Box NOT the Beth Dr. S. Florida, 33437 (Zip Code)	April 22-1 1976 (Date of Incorporation) Upon qualification. (Date first transacted business in Florids. (See sections 607.1501, 607.1502, AND 817.235 F.S.) 9445 North Meridian Street, Indianapolis, IN 46760 (Current mailing address) Any and all purposes authorized under Indiana's and Florida's corporate and other laws. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florids) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name:		Indiana 3	35~1371216	
sections 607.1501, 607.1502, AND 817.23, F.S.) et. Indianapolis. IN 46760 trailing address) under Indiana's and Florida's corporate the or country to be carried out in the state of Florida) stered agent: (P.O. Box or Mail Drop Box NOT ttle Beth Dr. S. Florida, 33437 (Zip Code)	Upon qualification. (Date first transacted business in Florida. (See Sections 607.1501, 607.1502, AND 817.153, F.S.) 9445 North Meridian Street, Indianapolis, IN 46760 (Current mailing address) Any and all purposes authorized under Indiana's and Florida's corporate and other laws. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name:	(St	tale or country under the law of which it is incorporated)	(PEI number, if app	licable)
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, Florida, 33437 (Zip Code) it to accept service of process for the above states application. I hereby accept the appointment	Boynton Beach , Florida, 33437 (Zip Code) Registered agent's acceptance: wing 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 is tered agent and agree to act in this capacity. I further agree to comply with the prostatutes relative to the proper and complete performance of my duties, and I am a disaccept the obligations of my position as registered agent.				
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te performance of my duties, and I am segistered agent.		acce	Name: Zon Grabill Office Address:5148 Little B	eth Dr. S.	· · ·

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.

(Registered agent's signature)

12. Names and NOT accept	addresses of officers and/or directors: (Street address ONLY- P. O. Box biable)
-	RS (Street address only- P. O . Box NOT acceptable)
Chairman:	
	·
Director:	Aaron Y. Cohen
Address: 9445	North Meridian Street, Indianapolis, IN 46260
<u></u>	
Address:	
	(Street address only- P. O. Box NOT acceptable)
	aron Y. Cohen
Address: 9445	North Meridian Street, Indianapolis, IN 46260
Vice President:	
Address:	
Secretary: Can	rolyn Cohen
Address: 9445	North Meridian Street, Indianapolis, IN 46260
	
	ron Y. Cohen
Address: <u>9445</u>	North Meridian Street, Indianapolis, IN 46260
NOTE: If neces	sary, you may attach an addendum to the application listing ad
officers and/or di	rectors.
13	CINI
(Signature	of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14.	Aaron Y. Cohen. Director
-	(Typed or printed name and capacity of person signing application)

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CENTAUR CONSULTING INC

filed Articles of Incorporation on April 22, 1976, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

96 NOV 21 PH 3: 53
SECRETARY OF STATE
AND ARASSEE FLORINA



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Fourth day of October, 1996.

SUE ANNE GILROY, Secretary of State

Deputy