

# F96000005245

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Deskins Technology, Inc.  
(Name of corporation - must include suffix) 300002018313--0  
-12/03/96--01109--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

W96-245-92

William D. Deskins  
(Name of Person)

Deskins Technology, Inc.  
(Firm/Company)

200 1st St. S.E. Suite 1805  
~~1777 Tennessee Trail Suite 506~~  
(Address)

Cedar Rapids IA 52401  
~~Port Charlotte FL 33948~~  
(City/State/Zip)

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

Rachel Deskins at ( 319 ) 363-8661  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

**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. Deskins Technology, 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. Iowa  
(State or country under the law of which it is incorporated)
3. 42-1413810  
(FBI number, if applicable)
4. 1-1-94  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. None to this date  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. Deskins Technology, Inc.  
200 First St. S.E. #1805 Cedar Rapids, IA 52401  
(Current mailing address)
8. ~~Business Consulting~~ Data Processing Consulting  
(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: William D. Deskins  
Office Address: 1777 Tamiami Trail  
Port Charlotte, Florida, 33948  
(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.

William D. Deskins  
(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.

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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: \_\_\_\_\_

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

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

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

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

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

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

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

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

President: William D. Deskins

Address: 7241 Hampshire Dr. NE

Cedar Rapids, IA 52402

Vice President: Beverly A. Crane Deskins

Address: 7241 Hampshire Dr. NE

Cedar Rapids, IA 52402


Secretary: William D. Deskins

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

Treasurer: Beverly A. Crane Deskins

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

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

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

14. William D. Deskins, President  
(Typed or printed name and capacity of person signing application)

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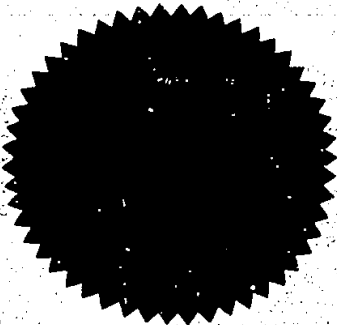
## SECRETARY OF STATE

490 DP-0001/1297  
BEVERLY A DESKINS  
DESKINS TECHNOLOGY INC  
200 1ST STREET SE, STE 1805  
CEDAR RAPIDS, IA 52401

### CERTIFICATE OF EXISTENCE

Name: DESKINS TECHNOLOGY, INC.  
Begin date: 19940101  
Expiration: PERPETUAL

I, PAUL D. PATE, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa business corporation act have been paid by the corporation, that the most recent annual corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.



*Paul D. Pate*

SECRETARY OF STATE