CORPORATIONS (904) 22-4000 PAX #:

FROM: THE COMPANY CORPORATION

076660001006

CONTACT: REGINA CEPHAS

PHONE: (302)575-0440 (302)575-1346

FAX #:

ACCT# :

NAME: TOPSIDE, INC. AUDIT NUMBER..... H96000016339

DOC TYPE..... POREIGN PROFIT QUALIFICATION PAGES....

CERT. OF STATUS. . 0 CERT. COPIES.....

DEL.METHOD.. FAX` \$70.00

EST.CHARGE.. NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER (CR) TO RETURN TO THE DOCUMENT LIST, ENTER 'M' FOR MENU, ** ENTER SELECTION AND (CR):

SHOUR OF COFFOGULICHS

November 20, 1998

THE COMPANY CORPORATION

SUBJECT: TOPSIDE, INC. REF: W96000024630

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

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The second page of the application containing the officers and directors was not attached.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 FAX Aud. #: H96000016339 Letter Number: 596A00052831

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896000016339

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

that this Resolution of the Board of Directors of Corporate Name)

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Corporate Name)

was duly adopted on Corporate Name)

organized and existing in the State of Corporate Name)

Topside International Rec. for use in Florida.

Dated: 173/96

Signature of either Chairman, Vice Chairman or any officer

INHS19(496)

M96000016339

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| ` |
|--|
| IN COMPLIANCE WITH SECTION 607. 1803, PLORIDA STATUTES, THE POLLOWING IS S. |
| SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
| The same will be becomed in the action de holes was been the |
| TOPSIDE, INC. (will do tuamess in FL as Topside International, line.) |
| (Name of corporation: must include the word TNCORPORATED, COMPANY, CORPORATION or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural parson or partnership if not so contained in the name at present.) |
| SO DE SE |
| 2. DELAWARE (Sum or country under the law of which it is incorporated) (FEI number, Happicable) |
| 4 45/20/64 |
| (Ears or country under the law of which it is incorporated) 4. 10/3 0/9 6. (Deta of incorporation) (Duration: Y6/3 corp. vidi cease to exist or "perpetual") 6. Upon Approval. |
| Upon Approval |
| AND HIS ASSESSED BY OCCUPANT ALL LANGUE AND ASSESSED ASSESSED AND ASSESSED AND ASSESSED ASSESSED ASSESSED AND ASSESSED ASSESSE |
| 7. 250 MIRROR LAKE DE. N. |
| ST. (2 TEKS) LKG FLA . 337-01 (Current melling address) |
| |
| 8. 341 TRANS SELL PERFORMANCE HERSES (Furphee(s) of corporation authorized in home state or country to be carried out in the state of Fiorida) |
| (Purpose(s) of corporation surhorized in home state or country to be carried out in the state of Florida) |
| 9. Name and street address of Florida registered agent: |
| |
| Name: David W. Woods - Hill |
| Name: David W. Woods - Hill |
| Office Address: 250, MIRROR LAKE DR. N. |
| |
| Office Address: 250, MIRROR LAKE DR. N. |
| Office Address: 250, MIRROR LAKE DR. N. St. Registered agent's acceptance: 10. Registered agent's acceptance: |
| Office Address: 250, MIRROR LAKE DR. N. St. Refishersume FL , Floride, 33401 (Zip Code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated |
| Office Address: 250, MIRROR LAKE DR. N. S. N. TERRILLE IL , Florida, 33 7-01 (Zip Code) 10. Registered agant's acceptance: Having been named as registered agant and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as majorated agant and agree to actin this capacity. I further agree to comply with the provisions |
| Office Address: 250, MIRROR LAKE DR. N. St. Paradure FL , Florida, 33401 (Zip Code) 10. Registered agent's acceptance: Heving 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 uppointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the paper and complete performance of my duties, and I am familier |
| Office Address: 250, MIRROR LAKE DR. N. S. N. TERRILLE IL , Florida, 33 7-01 (Zip Code) 10. Registered agant's acceptance: Having been named as registered agant and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as majorated agant and agree to actin this capacity. I further agree to comply with the provisions |
| Office Address: 250, MIRROR LAKE DR. N. St. Paradure FL , Florida, 33401 (Zip Code) 10. Registered agent's acceptance: Heving 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 uppointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the paper and complete performance of my duties, and I am familier |

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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| | Chairman: DAVID Ly Woods, HILL | |
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| | Address: 210 MIRAUL LAW DL. N. | DEC Slore Slore |
| • | V. remanure Ec. 30701 | 8 GB |
| | Moe Chekmen: PATRICLE SILORGA | |
| | Address: AC Misoure | \$ 52 \$ 52 |
| | Director: | io is |
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| s. Off | icers | |
| | | |
| . 5 | President DASKID W WOUDS-HILL | |
| . ¹³ - 5 | Address: AS ABOVE | |
| | | |
| | Address: AS ABOVE | |
| | Address: AS AGOVE | |
| K. | Address: _AS_AGOVE | |
| RE. | Address: AS ABOVE Vice Precidents Address: Secretary: DAVID W. WOXDS-HILL Address: AS ABOVE | |
| R.S. | Address: AS ABOVE Vice Precident: Address: Secretary: DAVID W. WOXNS-HIW Address: AS ABOVE | |

H96000016339

DEC-18-1996 10137 FROM THE COMPANY CORP.

TO

19849224600 P. 66

H96000016339

State of Delaware Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, NO HEREBY CERTIFY "TOPSIDE, INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL CORPORATE EXISTENCE TO FAR AS THE RECORDS OF
THIS DEFICE SHOW!



Earlfred

2676817 8300

AUTHENTICATION:

8195533

DATE:

11-18-96

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