F9600006687

CT	CORPORATIO	ON S	YSTEM				
Requestor's Name 660 East Jefferson Street							
Addr	035	FL	32301	222-1092			
City	State		Zip	Phone			

CR2E031 (1-89)

CORPORATION(S) NAME

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MSE Corporate		
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() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Other UCC Filing () Change of R.A. () Fic. Name
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Acknowledgment		
M P. Vorlier	•	

(FL - 2189 - 11/16/94)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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,	Mak corporation (Name of corporation: must include the word "INCORPORATED", "COMPANY abbreviations of like import in language as will clearly indicate that it is a corporation if not so contained in the name at present.)	Y", "C	ORPORATION", or words or instead of a natural person
2	Indiana	3.	75-1073075
_,	(State or country under the law of which it is incorporated)	.	35-1073625 (FEI number, if applicable)
4.	(Date of incorporation) 5. Perpetual (Duration: Year corp.)		
	(Date of Incorporation) (Duration: Year corp.) Initial consultations in Florida, (See sections 607.1501, 607.1502, in the consultation of the co		proper Felings
	(Date first transacted business in Florida. (See sections 607.1501, 607.1502, i	8 bne	
••			
	エルカ・A A A A A A A A A A A A A A A A A A A		PHIZ: 19 SSEL FLORIDA
	. <u>ડિપ્પ્રલ્યાનવ સતતે ભારણો મું ડેર્ક્યાપ્ટડ</u> (Purpose(s) of corporation authorized in home state or country to be carried our Florida) Name and street address of Florida registered agent:	t in t	he state of
	Name: <u>CT CORPORATION</u> System		
	Office Address: 1200 5 Pine Island Rd		
	Plantation Florida, 33324 (Zip Code)		
H de fu	O. Registered agent acceptance: laving been named as registered agent and to accept service of process for the esignated in this application. I hereby accept the appointment as registered agenther agree to comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as registered agentis signature) (Officer)	nd co nt.	nd agree to act in this capacity. I Implete performance of my duties
	Jeffrey R. Graves, hasistant Sec	ret	ary

(Type Name and Title of Officer)

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- 11. Attached is a cortificate 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:

A.	DIRECTORS	
	Chairman:	Sal c. miller
		941 N MERILIAN
		INDIGNAPORU IN 46214
	Vice Chairman:	
	Address:	
	Director:	
	Address:	
	Address:	
В.	OFFICERS .	
	President:	Sol c. miller
		941 N. meridièn
		Indian polis IN 46204
	Secretury Vice President:	Rendel J. Sage
	Address:	941 N MERIDIAN ST
		Indirry, 1.1 IN 46204
	Ass+. Secretary:	William M. Howelf
	Address:	_941 N. metidity ST

Indienipelas Di

46204

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				٠
•	Treasurer:			4-
	Address:			
NOTE: 1	I necessarv. v	ou may attach an addendum	to the application listing add	itional officers
and/or dir	ectors.	- /		
40	Marini	1. Mount	ficer listed in number 12 of t	
13, (Signs	Rure of Chairm	an, Vice Chairman, or any o	ficer listed in number 12 of t	ho
application	n)			
14. W	Illiam M. H	well, Asst. Secretion		
(Туре	d or printed na	me and capacity of person s	gning application)	

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom Those 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 exacute this certificate.

I further certify that records of this office disclose that

MSE CORPORATION

filed Articles of Incorporation on June 27, 1962, 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.

SECRETAIN OF STATE



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

Sue Anne GILROY, Secretary of State

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