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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: RUDNICK & WOLFE
CONTACT: JUDITH E COVEY
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NAME: INFORMATION RETRIEVAL METHODS, INC.
AUDIT NUMBER.....H96000018001
DOC TYPE.....FOREIGN PROFIT QUALIFICATION
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**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. Information Retrieval Methods, Inc.
(Name of corporation; the word "INCORPORATED," "COMPANY," or "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. Delaware
(State or country under the law of which it is incorporated)
3. September 16, 1981
(Date of Incorporation)
4. Perpetual
(Duration)
5. 36-3146955
(Federal Employer Identification number, if applicable)
6. Upon Qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 3314 Henderson Boulevard, Suite 100A, Tampa, FL 33609
(Principal office and mailing address)
8. Any and all lawful business.
(Corporate purpose and nature of business in which it is engaged in Florida)
9. Names and addresses of officers and/or directors:

A. Directors:

Chairman: John Mansour

Address: 1056 Normandy Trace Road
Tampa, Florida 33602

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Prepared by: Paula Kaplan Berger
Florida Bar No. 0297119
RUDNICK & WOLFE
101 East Kennedy Blvd., Ste. 2000
Tampa, Florida 33602
(813) 229-2111

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Director: _____
 Address: _____

B. Officers:

President: JOHN MANSOUR
 Address: 1056 NORMANDY TRACE RD
TAMPA, FL 33602

Vice President: _____
 Address: _____

Secretary: _____
 Address: _____

Treasurer: _____
 Address: _____

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(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: PAULA KAPLAN BERGER, ESQUIRE
 Office Address: 101 West Kennedy Blvd, Ste 2000
TAMPA, Florida 33602
 (Zip Code)

11. 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.

Registered agent's signature: [Signature]

12. 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.

13. [Signature]
 (Signature of Chairman, Vice Chairman, or any officer listed in number 9 of this application)

14. JOHN MANSOUR, PRESIDENT
 (Name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFORMATION RETRIEVAL METHODS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF DECEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

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DATE:

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