TO: Qualification/Tax Lien Section Division of Corporations	••
SUBJECT: Complus Data Innovations. I	lude suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Al Florida", "Certificate of Existence", and check are submit foreign corporation to transact business in Florida.	uthorization to Transact Business in ted to register the above referenced
Please return all correspondence concerning this matter to	- INCOME
Ms. Jane Teurfs	<u> </u>
(Name of Person)	· <u>및 퉦이</u> 다
Complus Data Innovations, I	
(Firm/Company)	23 5 m
245 Saw Mill River Road (Address)	1000020297219 -12/09/9601051002
Hawthorne, New York 10532	W96-26094
(City/State/Zip)	
Should you need to call someone concerning this matter,	please call:
	t (800) 331-8802
(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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 12, 1998

JANE TEURFS COMPLUS DATA INNOVATIONS, INC. 245 SAW MILL RIVER RD. HAWTHORNE, NY 10532

SUBJECT: COMPLUS DATA INNOVATIONS, INC.

Ref. Number: W96000026094

We have received your document for COMPLUS DATA INNOVATIONS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4) or 617.1502(4), F.S., this office is required to collect a penalty of \$1000 for each year this corporation transacted business in Fiorida prior to qualification and the appropriate annual report fees that would have been due had the corporation qualified the year it began operation in this state.

However, the \$1000 per year penalty fee is waived, pursuant to laws of Florida 96-212, for any corporation that applies for a certificate of authority between July 1, 1996 and December 1, 1996.

The total amount due this office through December 31, 1996 to cover the back annual report(s) is \$1181.25.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 796A00055560

COMPLUS

December 30, 1996

Ms. Jennifer Sindt Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Ms. Sindt:

Upon a review of the Florida Statute, Section 607.1501(2), we find that we have not been transacting business in Florida prior to our application date. Therefore, we request that our application be approved with item #6 changed to January, 1997.

Thank you for your assistance in this matter.

Sincerely,

COMPLUS DATA INNOVATIONS

Stephen J. Hittman

Chief Financial Officer

Subscribed and sworn to before me this 30th day of December 1996 Stephen J. Hittman, Chief Financial Officer.

Jane A. Cohen

JAME A. COHEN
Matery Public, State of New York
Mat. 4505060

Qualified in Westernster Course
Constitutes States A. S. S.

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.	Complus Data Innovations, Inc.		
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead natural person or partnership if not so contained in the name at present.)	or of a	1
2.	New York 3. 13-3349242 (State or country under the law of which it is incorporated) (FEI number, if applicable)		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4.	6/86 5, Perpetual (Date of Incorporation) 5, (Duration: Year corp. will cease to exist "perpetual")	****	
	"perpetual")	A OF	
б.	6 / 8 6 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	<u>.</u>	DIV.
7.	(Date first transacted dusiness in Florida. (SEE SECTIONS 607,1501, 607,1502, AND 817,155, F.S.)	DEC	
			
	245 Saw Mill River Road, Hawthorne, New York 10532	- <u>P</u>	398
	(Current mailing address)	<u>::-</u>	S Z
Q	Collection of outstanding	23	
ο.	Collection of outstanding parking tickets (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	.	(<i>D</i>)
	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)		
	Name: Margaret Palmer		
	Office Address: 709 S.E. 15th Avenue		
	Ocala , Florida , 34471		
10	. Registered agent's acceptance: (Zip Code)		
reg all	tiving been named as registered agent and to accept service of process for the ab rporation at the place designated in this application, I hereby accept the appoin gistered agent and agree to act in this capacity. I further agree to comply with the pro- statutes relative to the proper and complete performance of my duties, and I am fair d accept the obligations of my position as registered agent.		

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.

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: JEFFREY G. GRUSSMAN	
Address: 2 SNIW DROP DRIVE	
Vice Chairman:	
Address:	
Andress:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS (Street address only- P. O. Box NOT acceptable)	· /
President: JEFF.	
Address:	
Vice President:	
Address:	SAIG
	쯦
Secretary:	무성
Address:	
\frac{\fir}{\fint}}}}}}}}{\frac}}}}}}}}}}{\frac{\fir}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}	
Treasurer:	5
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. JGFFR61 G. GROSSMAN (Typed or printed name and capacity of person signing application)	

*,

State of New York Department of State

I hereby certify, that the certificate of incorporation of CONPLUS DATA INNOVATIONS, INC. was filed on 06/03/1984, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Corporation Biennial Statement is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 29th day of November

ohelthousand nine hundred and

199612020185 61

eputy Secretary of State

SECRETARY OF STATE OF STATE OF CORPORATION