Qualification/Tax Lien Section -12/08/97--01084--001 Division of Corporations 12/08/97--01084--002 ******8.75 *****8.75 900002365539--3 -12/08/97--01084--003 *****52.50 *****52.50 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:

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

COURIER ADDRESS:

TO:

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

900002365539--3

12/4/97

Paralogic, Inc. 101 Philippe Parkway Suite 300 Safety Harbor, FL 34695

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida

To Whom It May Concern:

Please process the enclosed application as expeditiously as possible, and if possible please use our Federal Express account to return our certificate of status and a certified copy.

Federal Express Account:

MILCOM (Military Commercial Technologies, Inc.)

Above Address 1921-8826-1

Thank you for your cooperation.

Kindest regards,

Leah Parisian

Administrative Assistant

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.	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.)
	natural person or partnership if not so contained in the name at present.)
2	DELA WARE, U.S.A. 3. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
2.	(State or country under the law of which it is incorporated) (FEI number. if applicable)
	5-27-97 (Date of Incorporation) 5. Perpetual! (Duration: Year corp. will cease to exist or 3.
	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
~	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7.	101 PHILIPPE PARKWAY, SUITE 300=
	SAFETY HAVEBOR FL 34695 8
	(Current mailing address)
8	(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: Military Commercial Technologies, ERIC ALTERMAN
	Office Address: 101 PHILIPPE PARKWAY, SUITE 300
	SAPETY HARBON EL, Florida, 34695
10.	Registered agent's acceptance:
Ha cor reg all and	wing been named as registered agent and to accept service of process for the above stated poration at the place designated in this application, I hereby accept the appointment as sistered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. (Registered agent's signature)
	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

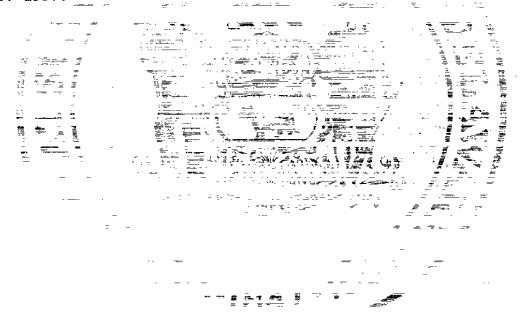
incorporated.

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: ALEX ANDER F. HERN		
Address: 1102 BAYSHORE BLVD. S.		
SAFETY HANDBOR, FL 34695		
Vice Chairman:		
Address:		
Director: ERIC D. AUTERMAN		
Address: 3339 DIAMOND KNOT CIRCLE		
TAMPA, FORDA 33607		
Director: TACK KINCAID		
Address: 1341 G. ST., N.W., SUITE 1100		
WASHINGTON, D.C. 20005		
B. OFFICERS (Street address only- P. O. Box NOT acceptable)		
President: ERIC D. ALTERMAN		
Address: 3339 DIAMOND KNOT CIRCLE		
TAMPA, FLORIDA 331007		
- droudent ALEXANDER F HERN		
Address: 1102 BAYSHONE BLVD. S.		
SAFFTY HARBOR, IN 341095		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional		
officers and/or firectors.		
13. / W		
Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14. ERIC D. ALTERMAN DIRECTOR PRESIDENT (Typed or printed name and capacity of person signing application)		
(Typed or printed 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 "PARALOGIC, 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 THIRD DAY OF DECEMBER, A.D. 1997.



AUTHENTICATION:

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2755197

12-03-97

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