C T CORPORATION SYSTEM

660 East Jefferson Street						
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<u>Tallahassee</u> , <u>Florida 32301</u> Address	· · · · · ·		100002· -01/28	/9801	072 <del>-</del> -01	.0
(850) 222–1092			李宗宇宋朱	35.00	*****35	.00
City State Zip	Phone					
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## 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:

7.	(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.)
2.	Delaware 3, 13-3972379 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	. August 20, 1997  (Date of incorporation)  5. Perpetual (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.)
7	c/o Brown Raysman Millsein Felder & Steiner LLP  120 W. 45th Street, New York, NY 10036 (Current mailing address)
8	. to engage in any lawful actroractivity for which corporations may be organized (Purpose(s) of corporation authorized in home state or country to be carried out in the state of under the Florida)  General Corporation
9	. Name and street address of Fiorida registered agent.
	Name: CT CORPORATION SYSTEM
	Office Address: c/o C T Corporation System, 1200 South Pine Island Road
	Plantation Florida, 33324 (Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T CORPORATION SYSTEM

(Registered agent's signature) (Officer)

Kimberly D. Gilbertson, Assistant Secretary
(Type Name and Title of Officer)

(FL - 2189 - 9/23/97)

40	Namas and	addragges	۸f	officers	and/or	directors:

A.	DIRECTORS			
	Director: <del>Chairman</del> :	Barry Goldsmith		
	Address:	Copperfield, Pamber Road		
	, 1221 0-31	Silchester, Berks, U.K. RG7 2NO		
	Director: <b>Vice Chai</b> n	man; Paul Hillyard		
	Address:_	3 Lime Avenue		
	_	Northampton, U.K. NN3 2HA		
	Director:_	Robin Adams		
	Address: _	8 Curlys Way, Swallowfield		
	-	Berks, U.K. RG7 1QZ		
	Director:_	Max Finucane		
	Address:	328 Trafalgar Road		
		Oakville, Tonario L6J 3H4		
В.	OFFICERS			
	Chief Executive President	Officer: Barry Goldsmith		
		Copperfield, Pamber Road		
		Silchester, Berks, U.K. RG7 2NU		
	Senior Vice Pres	ident:Finance: Paul Hillyard		
	Address:	3 Line Avenue		
		Northampton, U.K. NN3 2HA		
	Secretary	Stuart Hobbs		
	Address:	6 Fairleigh Crescent		
	÷,	Toronto, Ontario M6C 3R7		

Treasurer: N/A	
Address:	
(Signature of Chairman, Vapplication)	ay attach an addendum to the application listing additional officers  Tice Chairman, or any officer listed in number 12 of the  OHOBBS SECRETARY
(Typed or printed name a	nd capacity of person signing application)

Senior Vice President - Technology - Robin Adams 8 Curlys Way, Swallowfield, Berks, U.K. RG7 1QZ

Senior Vice President - Sales & Marketing - Max Finucane 328 Trafalgar Road Oakville, Ontario L6J 3H4

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DRAKE AUTOMATION 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 TWENTY-FIRST DAY OF

JANUARY, A.D. 1998

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

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DATE: