Qualification/Tax Lien Section

To:

Division	of Corporations	
SUBJECT: A	API Consultants, Inc.	
Dear Sir or Mad	(Name of corporation - must include suffix) 700024 -02/09/	9801022006
	terran e 1 s	Control of the Control
"Certificate of E transact business	application by Foreign Corporation for Authorization to Transact Business in Existence", and check are submitted to register the above referenced foreign costs in Florida. correspondence concerning this matter to the following:	Florida", orporation to
	Rose A. Cammer (Name of Person)	
•	API Consultants, Inc.	
	(Firm/Company)	Int la
	10903 Whitly Court	-219
	(Address)	SECRE SECRE
	Jacksonville, FL 32246	B 26
Should you need	(City/State/Zip) d to call someone concerning this matter, please call:	CORPO
Should you noo		RATIONS
Rose A. Car		
(Name	of Person) (Area Code & Daytime Telephone Number	•

COURIER ADDRESS:

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

(Name of Person)

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 corpo	ultants, Inc. ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or riations of like import in language as will clearly indicate that it is a corporation instead of a or partnership if not so contained in the name at present.)		
2. 4.	(State or country January	n 3. 39-1289304 y under the law of which it is incorporated) (FEI number, if applicable) 16, 1978 5. perpetual te of incorporation) Vear corp. will cease to exist or "perpetual")		
6.	January (Date firs	1, 1998 at transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	98 F	SEC
7.	Madison.	(Current mailing address) ge in real estate appraisal and consulting services.	B-9 PM 1:1	RETARY OF STAT
9	(Purpose	e(s) of corporation authorized in home state or country to be carried out in state of Fiorida; reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)) ()	JONS T
C	Name: Office Address:	Rose A. Cammer 10903 Whitly Court Jacksonville , Florida, 32246 (Zip code)		·
1	Having been nan	agent's acceptance: ned as registered agent and to accept service of process for the above stated corporation at the p n, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth provisions of all statutes relative to the proper and complete performance of my duties, and I a		

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.

(Registered agent's signature)

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

and accept the obligations of my position as registered agent.

A. DIRECTO	ORS (Street address only - P.O. Box NOT acceptable)				
Chairman:	Agnes G. Cammer				
Address:	4529 Surrey Circle				
	Madison, WI 53704				
Vice Chairman	n: Rose A. Cammer				
Address:	10903 Whitly Court				
	Jacksonville, FL 32246				
Director:	George M. Cammer				
Address:	4529 Surrey Circle				
	Madison, WI 53704				
Director:		98 F			
Address:		B -9			
		PI 6			
B. OFFICE	RS (Street address only - P.O. Box NOT acceptable)	STA ORA			
President:	Agnes G. Cammer	STATE STATE			
Address:	4529 Surrey Circle	.			
	Madison, WI 53704				
Vice President:	Rose A. Cammer				
Address:	10903 Whitly Court				
	Jacksonville, FL 32246				
Secretary:	Rose A. Cammer	· ·			
Address:	10903 Whitly Court				
	Jacksonville, FL 32246				
Treasurer:	Agnes G. Cammer	-r e			
Address:	4529 Surrey Circle				
 -	Madison, WI 53704				
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	Rose A. Cammer Vice-President/Secretary				
	(Typed or printed name and capacity of person signing application)				

*DFI/CCS/Corp Fm 31-A (7/96)

- Printed on Recycled Paper -

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

API CONSULTANTS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is

JANUARY 16, 1978.

I further certify that said corporation has, during its most recently completed report year, filed with this department an annual report required by sec. 180.1622, 180.1921, or 181.651 of the Wisconsin Statutes, and that it has not filed articles of dissolution.

> IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on JANUARY 26, 1998.

> > Richard L. Dean, Secretary Department of Financial Institutions

BY: Dawn Cashga

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.