F9800000000488

To: Qualification/Tax Lien Section				
Division of Corporations				
SUBJECT: Absolute Backorder Service, Inc.				
(Name of corporation - must include suffix)				-
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Busin "Certificate of Existence", and check are submitted to register the above referenced for transact business in Florida.			•	
Please return all correspondence concerning this matter to the following: 5000	1245	137	<u>'95-</u>	0
Glenn Jaeger ** (Name of Person)	/20/98 ****70.1	010 70 %	374~-0 ‱***7	:05 n nn
(Name of Person)	_	البيدة لير	11111	~ . UU
Absolute Backorder Service, Inc				
(Firm/Company)		_		
Absolute Backorder Service, Inc (Firm/Company) P.O. Box 336/36 Edwards Rd. (Address)	SECR ALLA	VH 86	(in insuran	<i>;</i> ;
(Address)	E E	7	11	ž :
Foxboro MA 02035 (City/State/Zip)	RY OF SSEE, FI			-
(City/State/Zip)		PH .	Ö	5
	ORID	2: 30		
Should you need to call someone concerning this matter, please call:	>			
Trace y Clarke at (508) 543-1950 (Name of Person) (Area Code & Daytime Telephone No.)				· _
(Name of Person) (Area Code & Daytime Telephone No	ımber)			

COURIER ADDRESS:

Qualification/Tax Lien Section 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 N98-8832

dd 5/4/98



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

FILED

98 MAY - 1 PM 2: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 1, 1998

GLENN JAEGER ABSOLUTE BACKORDER SERVICE INC. P.O. BOX 336 / 36 EDWARDS ROAD FOXBORO, MA 02035

SUBJECT: ABSOLUTE BACKORDER SERVICE INC.

Ref. Number: W98000008832

We have received your document for ABSOLUTE BACKORDER SERVICE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 698A00021319

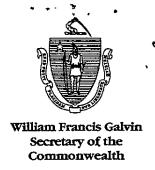
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(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. MASSACHUSETTS 3. 04-3324132 (State or country under the law of which it is incorporated) 4. 2/7/96 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. 0. 1/N (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. 1/N (Date first transacted business in Florida) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 36 Edwards Rd Foxboyo, Ma 02035 (Current mailing address) 8. Distribute and provide service performing to Periodicals and other Services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptables) Name: Christine Lycus Persacola, Florida, 32506 (Zip code) 10. 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 daties, and I am familiar with	(Name of corporation; must include the word "TNCORPORATED", "CORPORATION" or words of a bibervaitions 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		ICE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abstreviations 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	(Name of corporation; must include the word "TNCORPORATED", "CORPORATION" or words of a bibervaitions 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			
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(Registered agent's signature)	(Registered agents signature)		(Registered agent's signature)	

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: Address: Vice Chairman: Address: Director: Address: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) Vice President: Tracey Clarke Spring St. Foxboro MA 02035 Address: Treasurer: <u>Glenn Jaeger</u> Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) TRACEY CLARKE - VICE President

(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State Kouse, Boston, Massachusetts 02133

April 7, 1998

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

Absolute Backorder Service Inc.

FILED

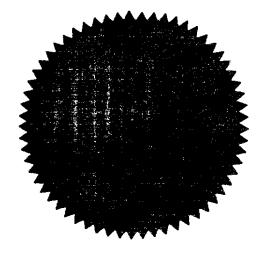
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SECRETARY OF STATE

ALLAHASSEE, FLORID

is a domestic corporation organized on **February 7, 1996**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporations dissolutions; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Millian Travin Galicin

Secretary of the Commonwealth

* This is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.

** MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.