To:

Qualification/Tax Lien Section Division of Corporations

Innovations in Wallcoverings

(Name of corporation - must include suffix)

Dear Sir or Madam:

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The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Evictorica" and about the state of Evictorica". "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:

& Naegele (Firm/Company)

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

at (3/2) 807-6037
(Area Code & Daytime Telephone Number)

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

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. <u>Innovations in Wallcoverings, Inc.</u> (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.) New York
(State or country under the law of which it is incorporated)

3. 13-2808649
(FEI number, if applicable) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) Whole Sale wall coverings

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridal. 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Kelly Tansey
Office Address: 1731 SE 9th St. Island 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 duties, and I am familiar with and accept the obligations of my position as registered agent. (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: (Stre | et address ONLY - P.O. Box NOT acceptable) |
|---|---|
| A. DIRECTORS (Street address only - P.O. Box NOT a | cceptable) |
| Chairman: | · · · · · · · · · · · · · · · · · · · |
| Address: | |
| | |
| Vice Chairman: | |
| Address: | |
| | |
| Director: | |
| Address: | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| | HAS T |
| Director: | SEE SEE |
| Address: | 5° € 0 |
| | TE & |
| B. OFFICERS (Street address only - P.O. Box NOT | acceptable) |
| President: Rudy Mayer | |
| Address: 5 Arvida Drive | |
| Pennington, NJ | 08534 |
| Vice President: | |
| Address: | |
| | |
| Secretary: | |
| Address: | |
| | |
| Treasurer: | |
| Address: | |
| radicos. | |
| NOTE IS | |
| NOTE: If necessary, you may fittel an addendum to the ap | i i |
| (Signature of Chairman, Vice Chairman, or | any officer listed in number 12 of the application) |
| 14. Rudy Mayer, Presiden | ; † |
| (Typed or printed name an | d capacity of person signing application) |

State of New York Department of State

I hereby certify, that the certificate of incorporation of INNOVATIONS IN WALL COVERINGS, INC. was filed on 06/18/1974, 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.

Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of March one thousand nine hundred and ninety-eight.

Special Deputy Secretary of State

SECRETARY OF STATE

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