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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

000002540730--S  
-05/29/98--01049--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Walk Flow Management, Inc.

RECEIVED  
98 MAY 29 AM 11:41  
DIVISION OF CORPORATION

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| <input checked="" type="checkbox"/> Profit             | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> Foreign            | <input type="checkbox"/> Fict. Filing           | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> UCC-1 UCC-3        |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> CUS                    |   |
| <input type="checkbox"/> Limited Liability Partnership |   |   |
| <input type="checkbox"/> Certified Copy                |   |   |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                      |   |   |

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MAY 29 1998

Thanks, Melanie ☺

5/29/98

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Workflow Management, Inc.  
(Name of corporation - must include suffix)

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TALLAHASSEE, FLORIDA

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:

Jane O. Pruitt  
(Name of Person)  
Kaufman & Canoles  
(Firm/Company)  
One Commercial Place, Suite 2000  
(Address)  
Norfolk, VA 23510  
(City/State/Zip)

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

Jane O. Pruitt at ( 757 ) 624-3351  
(Name of Person) (Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

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

**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. Workflow Management, Inc.  
(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  
(State or country under the law of which it is incorporated)
3. 06-1507104  
(FEI number, if applicable)
4. February 13, 1998  
(Date of Incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. will commence in mid June  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155))
7. 3701 East Virginia Beach Boulevard  
Norfolk, VA 23502  
(Current mailing address)
8. distribution and printing of office supplies including business forms and stationery  
(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: CT Corporation System

Office Address: 1200 S. Pine Island Road

Plantation, Florida, 33324  
(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 duties, and I am familiar with and accept the obligations of my position as registered agent.*

 AST-SEC

(Registered agent's signature)  
Charlie F. Shampang, Assistant Secretary

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.

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TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

SEE ATTACHED LIST

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_


Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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. Michael B. Feldman, Vice President  
(Typed or printed name and capacity of person signing application)

**WORKFLOW MANAGEMENT, INC.**

**OFFICERS AND DIRECTORS**

**OFFICERS**

Thoms B. D'Agostino  
President, Chief Executive Officer

3805 Eagle Avenue  
Key West, FL 33040

Michael D. Feldman  
Vice President, Treasurer, Secretary

3701 E. Virginia Beach Blvd.  
Norfolk, VA 23510

Donald H. Platt  
Vice President/Assistant Secretary

1440 New York Avenue, NW. Suite 310  
Washington, DC 20005

Mark Director  
Vice President/Assistant Secretary

1440 New York Avenue, NW. Suite 310  
Washington, DC 20005

**DIRECTORS**

Thomas B. D'Agostino

3805 Eagle Avenue  
Key West, FL 33040

Thomas A. Brown, Sr.

235 East 42<sup>nd</sup> Street  
New York, NY 10017

Gus J. James, II

One Commercial Place, Suite 2000  
Norfolk, VA 23510

Jonathan J. Ledecky

1025 Thomas Jefferson Street, N.W.  
Washington, D.C. 20007

Timothy L. Tabor

138 Duane Street, Apartment 4  
New York, NY 10013

S. Craig Wilson

4841 Tramway Ridge Drive, N.E.  
Albuquerque, NM 87111-2797

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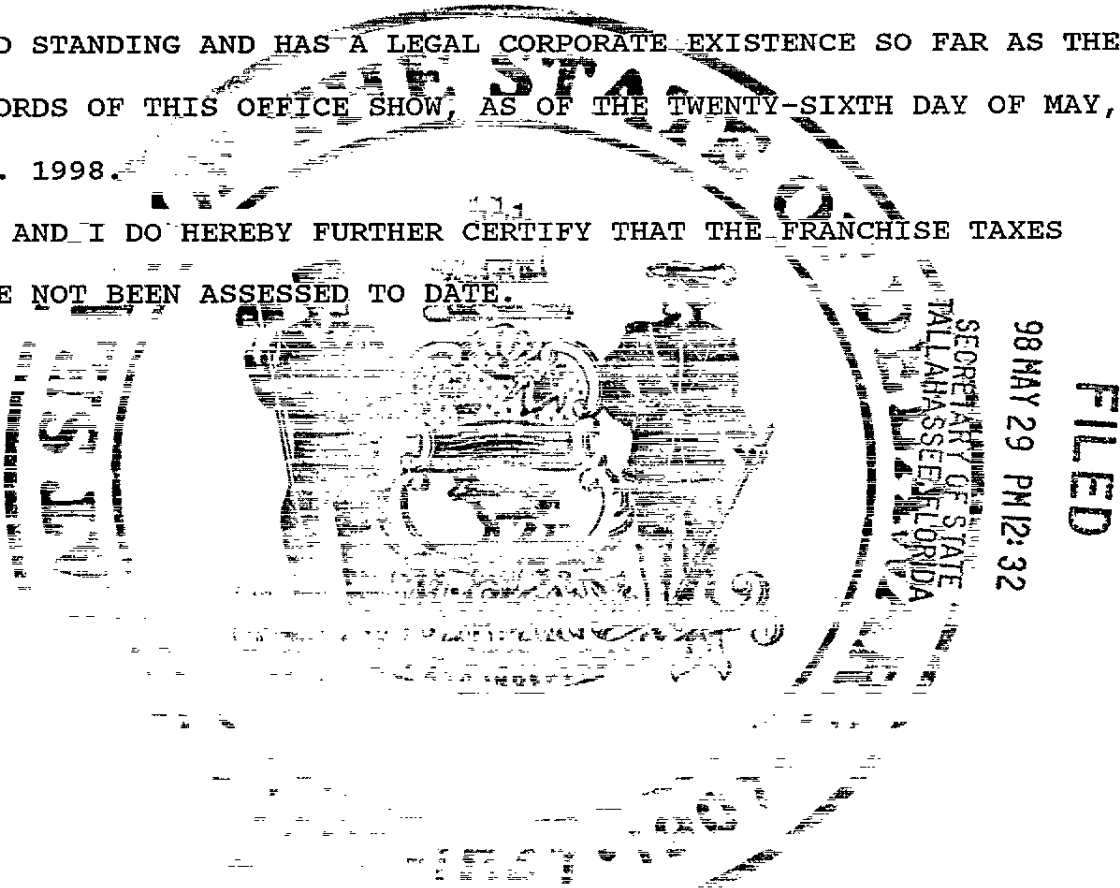
*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WORKFLOW MANAGEMENT, 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-SIXTH DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



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98 MAY 29 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

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05-26-98