# F980000004617

To: Qualification/Tax Lien Section **Division of Corporations** Computer Productions, Inc (Name of corporation - must include suffix) 800002609038-Dear Sir or Madam: -08/06/98--01032--006 \*\*\*\*\*70.00 \*\*\*\*\*70.00 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. W98-17894 Please return all correspondence concerning this matter to the following: (Address) (City/State/Zip) Should you need to call someone concerning this matter, please call: at (336) 274-1118
(Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** 8/13 Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327

Tallahassee, FL 32314

Tallahassee, FL 32399



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 6, 1998

WAYNE LACHMAN ACP, INC. 1025 HOMELAND AVE. GREENSBORO, NC 27405

SUBJECT: ASSOCIATED COMPUTER PRODUCTIONS, INC.

Ref. Number: W98000017894

We have received your document for ASSOCIATED COMPUTER PRODUCTIONS, 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 name on line one of the application should match the name on the certificate.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 098A00041185

# 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. (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.) (State or country under the law of which it is incorporated) Year corp. will cease to exist or "perpeting first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Current mailing address) (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 acceptable) Name: Office Address: , Florida, 374 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: (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: Director: Address: \_\_\_\_ B. OFFICERS (Street address only - P.O. Box NOT acceptable) 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. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

# Department of The Secretary of State

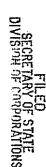
## CERTIFICATE OF EXISTENCE

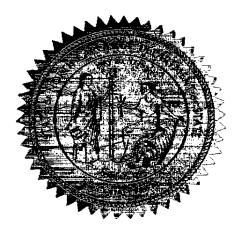
I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ASSOCIATED COMPUTER PRODUCTIONS, INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of February, 1996, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of July, 1998.

Elaine I. Marshall

Secretary of State