# F98000005351

### TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section Division of Corporations	700002647557
SUBJECT: U. S. MoBice (Name of corp.)	SERVICES TNC.
Dear Sir or Madam:	
The enclosed "Application by Foreign Cor Florida", "Certificate of Existence", and ch foreign corporation to transact business in	poration for Authorization to Transact Business in leck are submitted to register the above referenced Florida.
Please return all correspondence concernin	g this matter to the following:
Rober	L. CLEVECAND  Name of Person)
·	MoBice Selvices Inc.  Firm/Company)
10810	(Address) ROAD STE POI-102
ANNAPOUS L	NGTON MD 20701 City/State/Zip)
Should you need to call someone concerning  Beat L. Crevera  (Name of Person)	ag this matter, please call:  at ( 30/ ) 604-0700  (Area Code & Daytime Telephone Number)
COURIER ADDRESS:  Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St	MAILING ADDRESS:  Qualification/Tax Lien Section Division of Corporations P. O. Box 6327
Tallahassee, FL 32399	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 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.	(State or country under the law of which it is incorporated)  3. \[ \sqrt{2} - 1959420 \] (FEI number, if applicable)
4.	November ZI, 1995  (Date of Incorporation)  (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
/.	ANNAPOLIS LUNCTION MD 20701  (Current mailing address)
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
€.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: NRAI SERVICES IN.  Office Address: 526 E. PARK AVE  23 STATE
. ~	TAWAHASIEE , Florida, 3230/ Cin Code)
На	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) asst. HC -

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.

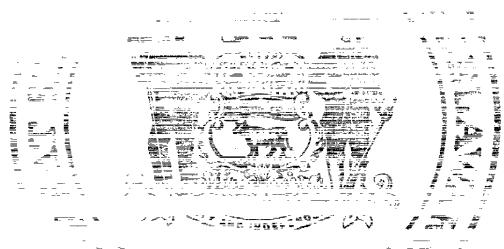
12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box 'NOT acceptable)

A. DIRE	ECTORS (Street address only-P.O. Box NOT acceptable)
Chairman:	
Address:	
Vice Chair	rman:
Address:	
Director:	
Address:	
-	
Director:	
Address:	
-	
	CERS (Street address only- P. O. Box NOT acceptable)
President:	ROBELT L. CLEVELAMD
Address:	336 BROADVIEW LANE
-	ANNAPOLIS MD 21401
Vice Presi	dent: JAT P. WATT
Address:	4994 DORSEY HALL DRIVE A-1
	FILLER CON MA ZINKS
(Ailman + i <del>Sceretary</del> :	BRIAN A. Mc CORMICK
	4917 E. CHALK POINT RD.
_	WEST KIVER MD 20778
Treasurer:	, , , , , , , , , , , , , , , , , , ,
Address:	
_	
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officers ap	f necessary, you may attach an addendum to the application listing additional door directors.
/.	XI (le l. 1)
13(Sik	gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
	$\rho_{-}$
14	(Typed or printed name and capacity of person signing application)

#### State of Delaware

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "U.S. MOBILE SERVICES, 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 TWELFTH DAY OF AUGUST, A.D. 1998, 📑 🛓 🖥





Edward J. Freel, Secretary of State

AUTHENTICATION:

9248718

981315684

08-12-98 DATE:

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