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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

200026642528 -10/15/9801004022 *****70.00 ******70.00
SUBJECT:
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:
(Name of Person) THUNDATIVE CONTROL CONCERTS, THE (Firm/Company) P.O. Boy 980983 (Address) Hous Ton Ty 71098-0983 (City, State and Zip Code)
Should you need to call someone concerning this matter, please call: $(0)/(5)$
Thus P. Dy ER at (713) 533 - 5638. (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 Sec. 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:

The Country under the law of which it is incorporated) Output Description: The Country under the law of which it is incorporated) Output O		
Duration: Year corp. Duration: Year corp.	_	
(Date of incorporation) (Datation: Tear corp.	pC	at Sparnet will
	wii cease to exist t	or perpetual)
TWAYCH , 1998 irst transacted business in Florida. (See sections 607.1501, 607.1502, and 8		
_	317.133, r.S.J	. 96 Mg
350 Trade Port Done		98 OCT
Wes (III " (1 2221)		<u> </u>
Ac/くろい V, LCこ、チノ 32218 (Current mailing address)		
(Corrent maining address)		
CAUSALTINA FURINICAMA SOURCE	er en misse	
Computer Engineering Service pose(s) of corporation authorized in home state or country to be ca	arried out in the stat	te of Florida
		te of Florida
me and street address of Florida registered agent:		47
一 一 一 一 正		
Name: TEDWAID DYER THE		
Office Address: 1350 Trace Port Drive		·
JAUKSON VILLE, FL		

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) DIRECTORS (Street address only- P. O . Box NOT acceptable) A. Chairman: Address: Vice Chairman: _____ Address: _ Director: ____ Address: _ Director: _____ Address: _____ B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: TEDWARD DUER Address: 2027 PERSO HOUSTON, TY 77019 Vice President: Address: 2021 PERSO HOUSTON, TX 77019 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) TEDMARD DUERTH (h.1)
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNOVATIVE CONTROL CONCEPTS, 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 EIGHTH DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SECRETARY OF STATE BIVING STATE STAT

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