PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | PORATI STATEM | | | Secreta | RTMENT OF STATE ry of State CORPORATIONS | ηL | | LED 13 PM 12: L | 19 | | |
|---|---|--------------------------------------|--|--|---|--|-----------------|---|----------------------------------|-------------------------|--|
| DOCUMENT # F98000007047 1. Corporation Name CONFIGURATION MANAGEMENT, INC. | | | | | | S! TA! | ECRET LAHA | ARY OF STA ASSEE, FLOR | ATE RIDA | | |
| • | I Office Addre | | | 3. Mailing Office Addre | illing Office Address | | A | Ebritano de | DI | -94 · | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. |)4 Date Incorp | orated or | Qualified prida | 1/28/ | 98 | | |
| City & State RED BANK, NJ | | | | City & State | 5. FEI Number Applied For 223158499 Not Applicable | | | | | | |
| Zip 07701 | | Country USA | | Zip | Country | CERTIFICATE | OF STATU | | 75 Additional or a Certificat | | |
| 7. Name and Address of Current Registered Agent Name | | | | | | | | | | | |
| | CORPORATION SERVICE COMPANY | | | | | | | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET | | | | | | | | | | |
| | Suite, Apt. #, Etc. | | | | | | | | | | |
| | City | TALLAH | ASSEE | State Zip Code 32301. | | | | | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent PEGISTERED AGENT MUST SIGN | | | | | | | | 9-/ 0 | | CB2E081 (01/04) | |
| 9. Names | and Street A | ddresses | of Each Officer an | d/or Director (Florida nonp | rofit corporations must list at le | ast 3 directors) | | | | - | |
| Titles | | | Name of s and/or Directors | | Street Address of Each Officer and/or Director | | | City / State / Zip | | | |
| PRES | WILLIAM P. ANDERSON | | | 14 | | RED BANK, NJ 07701 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | <u> </u> | | | Ę | | | | | |
| | | | | | | | 00041008792 | | | | |
| | | | | | | | | | | | |
| this rei owed b | nstatement apply the corpora application is | oplication, tion have true and | the reason for dis- been paid and the ascurate, and my s | solution has been etiminate names of individuats listed | to execute this application as d, the corporate name satisfies on this form do not qualify for me legal effect as if made under the corporate of the corp | s the requirements an exemption und | of section | 1 607.0401 or 617.0- 119.07(3)(i), F.S. TI | 401, F.S., tha | t all fees indicated | |



ACCOUNT NO. : 072100000032

REFERENCE: 868667

7395123

AUTHORIZATION <

COST LIMIT

ORDER DATE: August 31, 2004

ORDER TIME : 10:40 AM

ORDER NO. : 868667-005

CUSTOMER NO: 7395123

CUSTOMER: Ms. Vasantha Madasu

Configuration Management, Inc.

140 Broad Street

Red Bank, NJ 07701

REINSTATEMENT

NAME: CONFIGURATION MANAGEMENT, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

____ PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS