

F98000007080

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SILVANIA RESOURCES, INC.

(Name of corporation - must include suffix)

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

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*****70.00 *****70.00

STACE N. BALITSOS, CPA

(Name of Person)

FREEMAN & DAVIS LLP

(Firm/Company)

225 WEST 34TH ST SUITE 320

(Address)

NEW YORK, NY 10122

(City/State/Zip)

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

STACE BALITSOS

(Name of Person)

at 212-594-8155

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
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

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA.*

1. SILVANIA RESOURCES, 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. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 22-3096554

(FEI number, if applicable)

4. MARCH 1, 1991

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 70 HILLTOP ROAD SUITE 2100

RAMSEY, NEW JERSEY 07446

(Current mailing address)

8. WHOLESALE, PULP, PAPER & BOARD

(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: NICHOLAS THILEN

Office Address: 6850 NW 103 TERRACE,

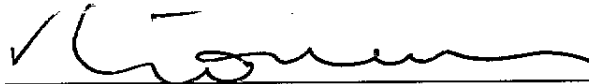
PARKLAND

, Florida, 33076

(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.

✓ 

(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)

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A. DIRECTORS (Street address only - P. O. Box NOT acceptable)

Chairman: NICHOLAS THILEN

Address: 64 OLD STONE CHURCH RD

UPPER SADDLE RIVER, NJ 07458

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: NICHOLAS THILEN

Address: 64 OLD STONE CHURCH RD

UPPER SADDLE RIVER, NJ 07458

Vice President: _____

Address: _____

Secretary: NICHOLAS THILEN

Address: 64 OLD STONE CHURCH RD

UPPER SADDLE RIVER, NJ 07458

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. NICHOLAS THILEN, PRESIDENT SILVANIA RESOURCES, INC.
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

SILVANIA RESOURCES, INC.
With the Previous or Alternate Name
CIS FOREST PRODUCTS

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on February 8, 1991.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

Nicholas Thilen
70 Hilltop Rd Suite 2100
Po Box 468
Ramsey, NJ 07446

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SECRETARY OF TREASURY
DIVISION OF CORPORATIONS

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

SILVANIA RESOURCES, INC.
With the Previous or Alternate Name
CIS FOREST PRODUCTS



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
30th day of November, 1998

James A. DiEleuterio, Jr.

James A DiEleuterio, Jr.
Treasurer