

ACCOUNT NO.

072100000032

REFERENCE

084542

5122715

AUTHORIZATION

COST LIMIT

\$ 70.00

ORDER DATE: December 30, 1998

ORDER TIME :

1:31 PM

ORDER NO. : 084542-005

CUSTOMER NO:

5122715

CUSTOMER:

Us Micromap Corp.

Po Box 6484

Titusville, FL 32782

500002742355--2

FOREIGN FILINGS

NAME: US MICROMAP CORP.

XXXX QUALIFICATION

(TYPE: <u>CC</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

DIVISION OF CORPORATION

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. US MICROMAR OORP.	:				
(Name of comporation: 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 NGL COUNTS					
2. DELEUNAS (State or country under the law of which it is incorporated) (FEI number, if applicable)					
4. MAR 1885 (Date of Incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")					
6. January 1, 1999 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)					
7.					
PO BOX 6484 Titusville, FL. 32782	-				
(Current mailing address)					
8. Remote Sensing. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)					
(Purpose(s) of corporation authorized in nome state of country to be carried out in the state of Fightal)					
9. Name and street address of Florida registered agent:					
253 - 1					
Name: H.L. Silvin					
Office Address: 603 So PALM AUE					
Office Address: 603 00 NUM NUE					
1itusville Fl-32796 , Florida, 32796					
(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.

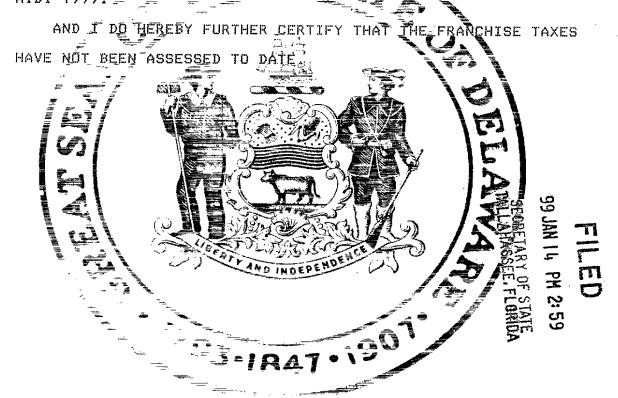
A.	DIRECT	rors		34
	IN 14 PM 2:59 KETARY OF STATEA	Chairman:		_
		Address:		
		Vice Chairman:		
		Address:		

		Director:		
		Address:	. *	
		Director:		
		Address:		
В.	OFFICE	RS		
		President H.L. Silvi A		
		Address: 3625 So OLIVE AVE #25		
	and the			. 2
,	~ :	Vice President: H.R. SILUIA	• · · ·	
	e Francisco Faria	Address: 3627 So OLIVE AVE #18	•	
,	marke	WAB. FL. 33405	. ·	
	* *	Secretary:	•-	
	26. 4 24. 4	Address:	-	
		Treasurer:	_	
		Address:		
			-	
пот	TE: If nece	essary, you may attach an addendum to the application lis-	ting additional	officers
and/	or director	s.		:
13.	19U)	J. Silver	· - .	····
(Chairman, Vice Chairman, or any officer listed in number 12 of the appli	ication)	
14.	(Lc., o	4 L- SilviA, PLES-		-
14.		r printed name and capacity of person signing application)	च्चें	. –

12. Names and addresses of officers and/or directors:

State of Delaware Office of the Secretary of State

I. EDWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF DELAWARE. DO HEREBY CERTIFY "US MICROMAP CORP." 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





AUTHENTICATION:

9508741

991006831

8300

2868651

01-07-99

DATE: