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C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

700002773787--6

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

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Remote Lojix / PCST, Inc.

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DIVISION OF CORPORATIONS

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| <input checked="" type="checkbox"/> Profit             | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> Foreign            | <input type="checkbox"/> Fict. Filing           | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> UCC-1 UCC-3        |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
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Thanks, Melanie ☺

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**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. REMOTE LOJIX/PCSI, 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 YORK

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

3. 13-3917340

(FEI number, if applicable)

4. NOVEMBER 5, 1996

(Date of incorporation)

5. PERPETUAL

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

6. DECEMBER 1, 1998

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

7. 38 EAST 32ND STREET

NEW YORK, NEW YORK 10016

(Current mailing address)

8. COMPUTER SERVICES

(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: C T Corporation System

Office Address: 1200 South Pine Island Road


Plantation

, Florida, 33324

(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)

**DAVID I. FARBER  
ASSISTANT SECRETARY**

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

Chairman: ANTHONY E. PAPA

Address: 501 BATH STREET

SANTA BARBARA, CA 93101

Vice Chairman: JAMES P. PISANI

Address: 501 BATH STREET

SANTA BARBARA, CA 93101

Director: FRANK A. LEONE

Address: 6471 THUNDERBIRD

INDIAN HEAD PARK, IL 60525

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: ANTHONY E. PAPA

Address: 501 BATH STREET

SANTA BARBARA, CA 93101

Vice President: JAMES P. PISANI

Address: 501 BATH STREET

SANTA BARBARA, CA 93101

Secretary: JAMES P. PISANI

Address: 501 BATH STREET

SANTA BARBARA, CA 93101

Treasurer: ANTHONY E. PAPA

Address: 501 BATH STREET

SANTA BARBARA, CA 93101

**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. ANTHONY E. PAPA, CHIEF EXECUTIVE OFFICER

(Typed or printed name and capacity of person signing application)

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State of New York } ss:  
Department of State

I hereby certify, that the certificate of incorporation of REMOTE LOJIX/PCSI, INC. was filed on 11/05/1996, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 09th day of February  
one thousand nine hundred and  
ninety-nine.



Special Deputy Secretary of State

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