



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 128633 4301969

AUTHORIZATION :

Patricia Pujat

COST LIMIT : \$ 70.00

ORDER DATE : February 9, 1999

ORDER TIME : 10:08 AM

ORDER NO. : 128633-005

CUSTOMER NO: 4301969

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CUSTOMER: Sujin Kim, Esq
Rosenman & Colin Llp
575 Madison Avenue
20th Floor
New York, NY 10022

W99-3615

FOREIGN FILINGS

NAME: PRINCETON INFORMATION LTD.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

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DIVISION OF CORPORATION

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DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 12, 1999

CSC

SUBJECT: PRINCETON INFORMATION LTD
Ref. Number: W99000003615

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO. INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 299A00006337

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RESUBMIT
Please give original
submission as file date.

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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. Princeton Information Ltd., 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. 13-3247817
(FEI number, if applicable)
4. 1/11/85
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon effectiveness of this filing
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. Two Penn Plaza
New York, NY 10121
(Current mailing address)
8. The corporation has been formed for the purpose of engaging in any lawful act or activity for which corporations may be organized under the laws governing business corporations.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)**
Name: Corporation Services Company
Office Address: 1201 Hays Street
Tallahassee, Florida, 32301
(Zip Code)

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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.

Vicki Schreiber, Asst. V.P.
(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)

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

Chairman: Noel Marcus
Address: Two Penn Plaza, Suite 1100
New York, NY 10121

Vice Chairman: _____
Address: _____

Director: Noel Marcus
Address: Two Penn Plaza, Suite 1100
New York, NY 10121

Director: _____
Address: _____

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

President: Noel Marcus
Address: Two Penn Plaza, Suite 1100
New York, NY 10121

Vice President: _____
Address: _____

Secretary: Natalie Marcus
Address: Two Penn Plaza, Suite 1100
New York, NY 10121

Treasurer: Noel Marcus
Address: Two Penn Plaza, Suite 1100
New York, NY 10121

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Noel Marcus, chr
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Noel Marcus, Director and Chair
(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 PRINCETON INFORMATION LTD. was filed on 01/11/1985, 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 08th day of February
one thousand nine hundred and
ninety-nine.*



Special Deputy Secretary of State

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