THE UNITED STATES *Corporation*

ACCOUNT NO. : 072100000032

REFERENCE :

164636

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE: March 10, 1999

ORDER TIME : 9:29 AM

ORDER NO. : 164636-025

700002807517--

CUSTOMER NO: 4320611

CUSTOMER: Ms. Gail Sroufek

Altheimer & Gray

10 South Wacker Drive

Suite 3800

Chicago, IL 60606

FOREIGN FILINGS

NAME: XENTEL INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

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CININA NA



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 16, 1999

CSC

SUBJECT: XENTEL INC. Ref. Number: W99000006297

Hef. Number: W99000006297

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

There was not an attached rider listing the officers and directors of the corporation. Please submit the rider.

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

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 099A00012583



RESUBMIT

Please give original submission date as file date.

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.	Xentel 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.	Delaware 3. 65-0896267
2.	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	(Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
••	(Date of Incorporation) (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.	Suite 201, 888 S.E. 3rd Ave
•	
	Fort Lauderdale, FL 33316
8	(Current mailing address) Fundraising and Telemarketing To engage in any act or activity for which corporations may be organized.
0.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floriday
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Corporation Service Company
	Office Address: 1201 Hays Street
	Tallahassee , Florida , 32301 (Zip Code)
1	0. Registered agent's acceptance:
r	laving been named as registered agent and to accept service of process for the above stated orporation at the place designated in this application, I hereby accept the appointment as egistered 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. Corporation Service Company

11. Attached is a certificate of existence duty aumenticated, 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.

(Registered agent's signature)

Margaret A. Pike Asst. Secretary

Morgaret a. Vike

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: See attached officers/directors rider Address: _______ Vice Chairman: Address: Director: Address: Director: Address: __ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: See attached officers/directors rider Address: Vice President: Address: __ Secretary: Address: ___ Treasurer: 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. A. Cameron Strong, President (Typed or printed name and capacity of person signing application)

XENTEL INC.

Directors

Business Address

Michael P. Platz

10 Kodiak Crescent

Toronto, Ontario M3J3G5

Geoffrey Pickering

10 Kodiak Crescent

Toronto, Ontario M3J3G5

A. Cameron Strong

10 Kodiak Crescent

Toronto, Ontario M3J3G5.

Officers

Michael P. Platz, Chairman

10 Kodiak Cresecent

Toronto, Ontario M3I3G5

A. Cameron Strong, President, Secretary &

Treasurer

10 Kodiak Crescent

Toronto, Ontario M3J3G5

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DIVISION OF THE WATER

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "XENTEL INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL CURPORATE EXISTENCE SO FAR_AS THE RECORDS OF

THIS OFFICE_SHOW, AS DE THE ELEVENIH DAY OF_MARCH, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT ITE_FRANCHISE TAXES
HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID *XENTEL INC. *
WAS INCORPORATED ON THE NINTH DAY OF FEBRUARY, A.D. 1999.

DIVISION OF TO STATE STATE OF THE AM 9: 39



Edward J. Freel, Secretary of State

AUTHENTICATION:

9621674

DATE:

03-11-99