

Document Number Only

F990000003179

CT Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City State Zip Phone

600002910826--7

-06/21/99--01122--009

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

CORPORATION(S) NAME

SOFTK International Inc.

RECEIVED  
99 JUN 21 AM 11:30  
TALLAHASSEE, FL 32301  
DEPT. OF REVENUE  
FILING

☒ Profit  
☐ NonProfit

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other ucc Filing

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ Fic Name

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Please Return Extra Copies  
File Stamped To:

Jeffrey Butterfield

6/21

AL JUN 21 1999

CR2E031 (1-89)

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. SOFTEK INTERNATIONAL 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. ONTARIO

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

3. Applied For

(FEI number, if applicable)

4. DECEMBER 8, 1993

(Date of incorporation)

5. PERPETUAL

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

6. JUNE 1, 1999

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

7. C/O VANPARYS & MICACCHI LLP

65 SPRINGBANK AVENUE N., WOODSTOCK, ONTARIO, N4S 8V8

(Current mailing address)

8. SALES OF COMPUTER SOFTWARE

(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 NOT acceptable)

Name: C T CORPORATION SYSTEM

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip code)

10. Registered agent 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 obligation of my position as registered agent.*

Claudia L. Sacari Claudia Sacari  
(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: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: BARRY HATCHER

Address: R. R. # 1, WOODSTOCK, ONTARIO

N4S 7V6

Director: PETER YOUNG

Address: 28 MODERWELL STREET

STRATFORD, ONTARIO

N5A 7T9

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

President: PETER YOUNG

Address: SAME AS ABOVE

Vice President: \_\_\_\_\_

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

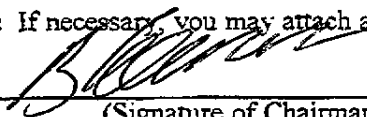
Secretary: BARRY HATCHER

Address: SAME AS ABOVE

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. BARRY HATCHER DIRECTOR  
(Typed or printed name and capacity of person signing application)

Request ID: 002066040  
Demande n°:  
Transaction ID: 11408820  
Transaction n°:  
Category ID: CT  
Catégorie:

Province of Ontario  
Province de l'Ontario  
Ministry of Consumer and Commercial Relations  
Ministère de la Consommation et du Commerce  
Companies Branch  
Direction des compagnies

Date Report Produced: 1999/05/13  
Document produit le:  
Time Report Produced: 14:37:29  
Imprimé à:

## Certificate of Status Certificat de Statut Documentaire

This is to certify that according to the  
records of the companies branch

Je certifie par les présentes que, conformément  
aux dossiers de la Direction des compagnies,

**S O F T E K   I N T E R N A T I O N A L   I N C .**

Ontario Corporation No.

Numéro matricule de la personne morale en Ontario

**0 0 1 0 4 7 5 0 5**

is a corporation incorporated,  
amalgamated or continued under  
the laws of the Province of Ontario.

est constituée, fusionnée ou prorogée en vertu  
des lois de la province de l'Ontario.

The corporation came into existence on

La personne morale a été fondée le

**D E C E M B E R   0 8   D É C E M B R E ,   1 9 9 3**


and has not been dissolved.

et n'a pas été dissoute.

Dated

Fait le

**M A Y   1 3   M A I ,   1 9 9 9**



Director  
Directrice

The issuance of this certificate in electronic form is authorized by the Director of Companies Branch.  
La délivrance du présent certificat sous forme électronique est autorisée par la Directrice de la Direction des compagnies.