To: Qualification Tax Lien section Division of Corporations

SUBJECT:U	traprise Corp	oration		
			on - must include suffix)
Dear Sir or Madam:	-	-		
	ce", and check ar			act Business in Florida", enced foreign corporation
Please return all corre	spondence concer	ning this matte	er to the following:	
	Erie J	. Lewis		
			f Person)	 00002877388
	Ultrac	orise Cor	poration	-05/17/9901109 *****87.50 *****
		(Firm/Co	ompany)	
	PO RA	x 3613	-	w99-117
			lress)	
	Shenh	erds tourn	WV 25443	
<u></u>	•	(City/St	ate/Zip)	
				\./
Should you need to ca	ll someone conce	rning <u>t</u> his matt	er, please call:	75 99 VI
				EG & T
Eric J. Le		_ at (<u>304</u>		三三三
(Name of Per	sön)	(Area	Code & Daytime Telepl	none Number)
STREET ADDRESS	:		MAILING ADDRES	SS: TATE CRIBA
Qualification/Tax Lie			Qualification/Tax Lie	
Division of Corporation 409 E. Gaines St.	ons	•	Division of Corporati P.O. Box 6327	ons
Tallahassee, FL 3239	9 _		Tallahassee, FL 323	14
	r the following an	-		



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 19, 1999

ERIC J. LEWIS ULTRAPRISE CORPORATION PO BOX 3613 SHEPHERDSTOWN, WV 25443

SUBJECT: ULTRAPRISE CORPORATION

Ref. Number: W99000011763

We have received your document for ULTRAPRISE CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please provide the name and capacity of the individual who signed line 10 on behalf of your Registered Agent. You may put the information beside or below the signature.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 699A00027841

Ultraprise Corporation

Memo

To: Florida Department of State

From: Barbara C. Smith, Accounting Manager

Date: 05/27/99

Re: Application By Foreign Corporation For Authorization To Transact Business In'Fl

The attached application is a duplicate of one that was returned to us for additional information. The original was misfiled and this one is being returned so that we can complete this process in a timely manner. Payment of the filing fee and other required documents were submitted with the original form.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	OREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
words or abbre	pration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or viations of like import in language as will clearly indicate that it is a corporation instead of a or partnership if not so contained in the name at present.)
2. <u>Dela</u>	y under the law of which it is incorporated) 3. 52-/863526 (FEI number, if applicable)
(State or country	y under the law of which it is incorporated) (FEI number, if applicable)
4. 01/01	194 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Da	te of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 4/1	199
(Date firs	/99 st transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
	BOX 36/3
- Shey	Oherds town, WV 25443 (Current mailing address)
8. Operat (Purpose	(s) of corporation authorized in home state or country to be carried out in state of Florida)
	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	Corporation Service Company 1201 Hays Street Tallahassee, Fl , Florida, 32301 (Zip code)
Office Address:	1201 Hays Street
	The form of the state of the st
	Tallahassee Fl , Florida, 3230/ (Zip code)
	1
10. Registered	agent's acceptance:
this application, I with the provision	ted as registered agent and to accept service of process for the above stated corporation at the place designated in thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept my position as registered agent.
	Registered agent's signature) LINDA J. SNOK, AUTH. REP. certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the
11. Attached is a d Department of Sta	certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the te, 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. DIREC	TORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	David A. WeviNe	And the second s
Address: _	RR 1, Box 123	
	Shepherdstown, WV 25443	
	nan:	
Director: _	MONICA WAYSON WENINE	
	RR 1, BOX 123	
_	Shepherdstown, WV 25443	
Director: _	Steve Day	and the second s
Address: _	25 Gatewater Road	
		
President: _	David Matthews	
Address: _	2 Bruskside Drive	
	RUMSON, NJ 07760	· · · · · · · · · · · · · · · · · · ·
Vice Preside	nt: Monica Warson Welline	
Address:	RR 1, BAX 123	TAL SE
	Shepherds town, 2011 25443	
Secretary: _		SS
Address:		THE TO
		H 9: 20
CFO Treasurer: _	Eric J. Lewis	
	R+. 3, BOX 305A	
		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NOTE: If a	necessary, you may attach an addendum to the application listing additional officers and	
13	9	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	**
14	Eric J. Louis, Chief Findweigl Office (Typed or printed name and capacity of person signing application)	(on)

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ULTRAPRISE CORPORATION" 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 RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF FEBRUARY, A.D. 1999.

99 JUN -7 AM 9: 20
SECRETANCE STATE
ALLAHASSEE FLORIDA

Edward J. Freel, Secretary of State

AUTHENTICATION:

02-03-99

2373809 8300

991040050