THE UNITED STATES CORPORATION COMPANY	ACCOUNT NO. : REFERENCE : AUTHORIZATION : COST LIMIT :	072100000 279872 Patrice \$ 70.00	032 4329917 a Payut	99 JUN 24 PM 3: 05
ORDER DATE :	June 18. 1999			
	1:32 PM			
ORDER NO. :	279872-105		900002	914879
CUSTOMER NO:	4329917			
Ke 120 Su	nifer Raiford, Leg lley, Drye & Warren 00 19th Street, N.w te #500 shington, DC 20036	· ·		
	FOREIGN FIL	INGS		,
NAME :	METROWAVES CORP			
XXXX QUALIFIC	CATION (TYPE: <u>CO</u>)			- o -
PLEASE RETURN	THE FOLLOWING AS P	ROOF OF FILI	ING:	99 JUN 24 PH
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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.

	Metrowaves Corp.	
(Name of corpo words or abbrev	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	
natural person o	or partnership if not so contained in the name at present.)	
<i>L</i> .	Delaware 3. y under the law of which it is incorporated) (FEI number, if applicable)	
	April 12, 19995.Perpetualate of incorporation)(Duration: Year corp. will cease to exist or "perpetual")	•
	Not applicable - applicant is not transacting in Florida	_
(Date firs	st transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
<i>י</i>	1220 East Campbell Road, Richardson, TX 75081	
7		
	(Current mailing address)	
	To provide telecommunications services	
· •	e(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and st	treet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name:	Corporation Service Company	
	1201 Hays Street	
Office Address:		
	Tallahassee , Florida, 32301 Zip code)	
	agent's acceptance:	
1(). 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.

Corporation, Service By: (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.

A. DIRECTORS (Street address onl	ly - P.O. Box NOT acceptable)	
	icers/directors rider	
Vice Chairman:		
Address:		
Director:		
Address:		
<u></u>		
Address:	<u> </u>	
President:	icers/directors_rider	
Address:		وو
		DIV 99 SECRE
Vice President:		<u> </u>
Vice President:		DIVISION OF CORPO
Vice President:		DIVISION OF CORPORATION SECRETARY OF CORPORATION OF CORPORATION OF CORPORATION OF A PH 3:
Vice President: Address: Secretary: Address:		DIVISION OF CORPORATIONS OF JUN 24 PM 3: 0
Vice President: Address:		DIVISION OF CORPORATIONS 99 JUN 24 PM 3: 05
Vice President: Address: Secretary: Address: Treasurer:		99 JUY 24 PM 3: 05
Vice President: Address: Secretary: Address: Treasurer: Address:		99 JUN 24 PM 3: C5

Metrowaves Corporation Directors/Officers Peter Sahagen/sole director



State of Delaware Office of the Secretary of State





P, dwe A.

Edward J. Freel, Secretary of State

AUTHENTICATION:

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DATE:

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