PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT			;	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			FOF CORPORATION:		
DOCI		T# F	GAQU	003	753					
Abacus Technology Corporation							9700121744999 07/23/0301048012 **900.00			
2. Principal Office Address 5454 Wisconsin Avenue					ffice Address	ALINA	AT	TEMENT 02-1	沙 多	
Suite, Apt. #, etc. Suite 1100 Suite, Apt. #,					etc.	4. Date Incor	porated or	r Qualified 7/22/99	7	
City & State Chevy Chase, MD						5. FEI Number		Applied Fo		
Zip Country 20815 US				Zip	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status			uired	
<u></u>				7. N	lame and Address of Current Regist	ered Agent				
	Name CT Corporation System									
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road										
	Suite, Apt.	#, Etc.								
	^{City} Pla	antation)				State Zip Code FL 33324			
8. I, being Signature o Registered	if 2	registered	agent of the abov	- As	ration, am familiar with and accept the Strategy ENT MUST SIGN	obligations of sect	on 607.05 Date	71. kz	CR2E081 (10/02)	
9. Names	and Street A	ddresses of	Each Officer and	or Director (Flo	rida nonprofit corporations must list at	least 3 directors)			┥	
Titles	Name of Officers and/or Directors				Street Address of Ea Officer and/or Direct					
Pres/Dir	Dennis Yee				5454 Wisconsin Avenue #1100		Chevy Chase, MD 20815			
Tres	Dennis Yee				(Same as above)		(Same as above)			
Sec/Dir	Patricia Farrell				(Same as above)		(Same as above)			
Dir	Dorothy Kong				(Same as above)		(Same	e as above)		
						<u> </u>	#101 3/03-	021744999 -01048-013 **3.75	4	
this rei owed t	nstatement ap by the corporat application is	plication, the tion have be	en paid and the r	lution has been ames of individ	eliminated, the corporate name satisfic	es the requirements r an exemption und	of section er section	or 617, F.S. I further certify that when filing in 607.0401 or 617.0401, F.S., that all fees in 119.07(3)(i), F.S. The information indicate		
		GNATURE A	TYPED OF RI	TED NAME OF	SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #		