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C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

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Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

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-08/06/99-01064-010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

Act Testing Labs, Inc

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TALLAHASSEE FLORIDA

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|--|---|---|
| <input checked="" type="checkbox"/> Profit             | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                     |   |   |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Foreign            |   |   |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Limited Liability Partnership |   | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

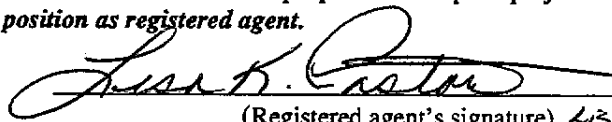
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Acts Testing Labs, 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. New York  
(State or country under the law of which it is incorporated)
3. 16-1056273  
(FEI number, if applicable)
4. September 23, 1975  
(Date of incorporation)
5. perpetual  
(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. 100 NORTHPOINTE PARKWAY  
BUFFALO, NEW YORK 14228  
(Current mailing address)
8. any and all lawful business  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)  
Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip code)

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**10. 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.*



(Registered agent's signature) Lisa K. Pastor, Spec. Asst. Secy.

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: FRANK PIEDELIEVRE

Address: 100 NORTHPOINTE PARKWAY  
BUFFALO NY 14228

Vice Chairman: N/A

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

Director: Angelo M. Fatta

Address: 100 NORTHPOINTE PARKWAY  
BUFFALO NEW YORK 14228

Director: \_\_\_\_\_

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

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

President: Angelo M. Fatta

Address: 100 NORTHPOINTE PARKWAY  
BUFFALO NEW YORK 14228

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

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

Secretary: \_\_\_\_\_

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

Treasurer: THOMAS J. FATTA

Address: 100 NORTHPOINTE PARKWAY  
BUFFALO, NY 14228

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X Angelo M. Fatta  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ANGELO M. FATTA, PRESIDENT & CEO  
(Typed or printed name and capacity of person signing application)

State of New York } ss:  
Department of State

I hereby certify, that the certificate of incorporation of ACTS TESTING LABS, INC. was filed on 09/23/1975, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 04th day of August  
one thousand nine hundred and  
ninety-nine.

Special Deputy Secretary of State

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