F11000005436

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations
SUBJECT: TERRA INFORMATION GROUP INC.
(Name of corporation - must include suffix)
Dear Sir or Madam: -10/18/99011170 *****87.50 ******8
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
PRAMODH AGGARWAL (Name of Person)
(Name of Person)
TERRA INFORMATION GROUP INC.
(Firm/Company)
10504 CHAMBERS DRIVE
(Address)
Should you need to call someone concerning this matter, please call:
PRAMODH AGGARWAL at (317) 433-0288 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Qualification/Tax Lien SectionQualification/Tax Lien SectionDivision of CorporationsDivision of Corporations409 E. Gaines St.P.O. Box 6327Tallahassee, FL 32399Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status

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. INFORMATION GROUP (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.) (Duration: Year corp. will cease to exist or "perpetual") /- FEB , 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) CHAMBERS DRIVE (Current mailing address) TRANSACTION OF ANY OR ALL LAWFUL PURPOSES POR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA BUSINESS CORP. CAW. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (607.0301) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 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.

Psamod Agsawol
(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 which it is incorporated.

ATTACHED

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTOR	RS (Street address only - P.O. Box NOT acceptable)	
Chairman:	MAMTA AGGARWAL	
Address:	10504 CHAMERS DRIVE	- <u>-</u>
	TAMPA , FL 33626	
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Director:	PRAMODH AGGARINAL	
Address:	10504 CHAMBERS DRIVE	
	TAMPA , FL 33626	·
Director:		
Address:		
B. OFFICER	RS (Street address only - P.O. Box NOT acceptable)	
President:	MAMTA AGGARWAL	
Address:	10504 CHAMBERS DRIVE	<u>=</u>
	TAMPA , FL 33626	
Vice President:	·	
Address:		<u> </u>
	<u> </u>	
Secretary:		- <u>- 으로</u> -
	:	
Treasurer:		
21dd1035		
NOTE: 10	excessary, you may attach an addendum to the application listing additional officers and/or directors.	
	Ressary, 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	PRAMODH AGGARWAL DIRECTOR	·
	(Typed or printed name and capacity of person signing application)	



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I, hereto set

day of ______ SEPTEMBER A.D. 19

Desse White

SECRETARY OF STATE