99000005982

THE IINITED STATES

ACCOUNT NO.

072100000032

REFERENCE :

466093

7182187

AUTHORIZATION

COST LIMIT

ORDER DATE: November 4, 1999

ORDER TIME : 3:43 PM

ORDER NO. : 466093-005

400003048004--6

CUSTOMER NO:

7182187

CUSTOMER: Mr. Robert Feingold

Top Driver Inc.

140 Sylvan Avenue 3rd Floor

Englewood Cliff, NJ 07632

FOREIGN FILINGS

NAME:

TOP DRIVER-1-888-TRAFFIC

SCHOOL, INC.

XXXX QUALIFICATION .

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

FILE 1ST

CONTACT PERSON: Tamara Odom

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSA **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED 1 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. TOP DRIVER - 1-888-TRAFFIC SCHOOL, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in lunguage 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.) DELAWARE

(State or country under the law of which it is incorporated)

(FEI number, if applicable) UPON QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 140 SYLVAN AVENUE 3RD FLOOR CUIFFS, New Tensey 07632 (Current mailing address) 8. TO COUNCE ANY LAWFUL BUSINESS, TO PROMOTE ANY LAWFUL PURPOSE, AND TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY (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) 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.

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

which it is incorporated.

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

A. DIREC	FORS (Street address only - P.O. Box NOT acceptable)	90
Chairman;		Ex.
Address: _		ン
_		P.
Vice Chairn	an:	
Address:		
_		
Director:	TOO Driver, Inc.	
Address: _	140 SYLVAN AVENUE	-
	ENGLEWOOD CLIFFS, NEW JORSEY 07632	
Director:		· · · · · · · · · · · · · · · · · · ·
Address:	146 SYLVAN AUROUE	±
	ENSTERCEN CLIFFS, - Was JERSEN - 07692	
	RS (Street address only - P.O. Box NOT acceptable)	· ·
resident:	SEBASTIAN GIORDANO	
ddress:	140 SYLVAN AVENUE	
_	ENGLEWOOD CLIFFS, NEW JERSEY 07632	
ice Presider	E ROBERT FEINGOLD	÷
ddress:	140 SYLVAN AVENUE	٠.
	ENGLEWOOD CLIFFS, New Jaesey 07632	. 4
ccretary:	ROBERT FEINGOLD	
ddress:	140 SYLVAN AJENJE	
	ENGLEWOOD CLIFFS, NEW JERSEY 07632	
reasurer:		
ddress:		
OTE: If no	ecessary, you may attach an addendum to the application listing additional officers and/or directors.	-
	The state of the s	
•	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
·,	ROBERT A. FETNGOLD VICE PRESIDENT (Typed or printed name and capacity of person signing application)	-