ACCOUNT NO. : 07210000032

REFERENCE: 678583 5046676

AUTHORIZATION :

ORDER DATE: April 27, 2000

ORDER TIME: 4:17 PM

ORDER NO. : 678583-005

5046676 CUSTOMER NO:

Ms. Julie A. Risi CUSTOMER:

Headway Corporate Resources,

850 Third Avenue

11th Floor

New York, NY 10022

FOREIGN FILINGS

NAME: ASA PERSONNEL SERVICES, L.L.C.

M-844

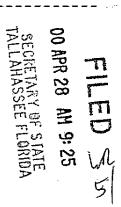
XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson





APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. H SH SENDLE SOULCE LIC. (Name of foreign limited liability company)
2. DECAWARE 313-39576920
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. Duration: Year limited liability company will cease to
exist or "perpetual")
6(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7. 317 MADOS N XVE
NEWYORK MY 10017 器30 =
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Michael LIST, President 312 MADISON, MC
Richard Brody, 317 Mades on, NC, 10017
Barry ROSEMAN, 850 Third Ave, NYC
10022
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language a
translation of the certificate under eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Temporal Conduction
STAGONG
1Ses S.Va
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) BHE I WE MA Chylonydd Plywlentaire Typed or printed name of signee
Typed or printed name of signee

CSC

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	. The name of the Limited Liability Company is: 134 Personnol Sewice, Lilic,
2.	. The name and the Florida street address of the registered agent and office are:
	CARRAGION SONICE CAMPANIL

Florida street address (P.O. Box NOT ACCEPTABLE)

(Name)

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

\$ 100.00 Filing Fee for Application 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASA PERSONNEL SERVICES, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



AUTHENTICATION:

0406458

DATE:

04-27-00

2841760 8300

001215984