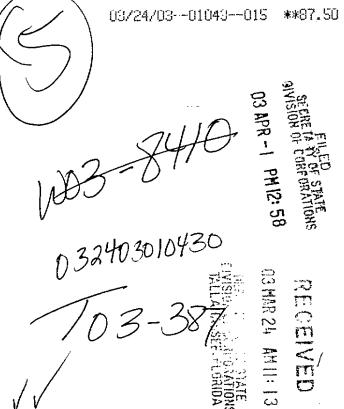
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(City/State/Zip/Phone #)	
(Business Entity Name)  (Document Number)	09/24/03-
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## CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301

(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 24, 2003

CAPITAL CONNECTION, INC. WALK-IN PICK-UP TALLAHASSEE, FL

SUBJECT: FORENSIS

Ref. Number: W03000008410

We have received your document for FORENSIS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

In Part III we cannot determine some of the words you have written, they are illegible. Please print or type Part III. We need 3 specimens that have not been defaced in any manner. Please send us 3 business cards.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux Corporate Specialist Supervisor

Division of Corporations - P.O. BOX 6327 -Tallabassoa, Florida 32314

Letter Number: 103A00017854

## APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES **Division of Corporations** TO: Post Office Box 6327 Tallahassee, FL 32314 Name & address to whom acknowledgment should be sent: Daytime Telephone number Forensis Technologies 1. (a) Applicant's name: \_ (b) Applicant's business address: \_ City/State/Zip (c) Applicant's telephone number: (305 ☐ Joint Venture ☐ Individual Other: Corporation Union ☐ General Partnership Limited Partnership If other than an individual, L03000002045 (2) Domicile State: 1000 (1) Florida registration number: \_ (3) Federal Employer Identification Number: 16-165/58/ 2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.) (b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.) (c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

(Continued)

ine class(es) in	which goods or services fall:		
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1 Data Cast and by	. (b	PART II a related company (must include month,	day and year):
(a) Date first used a	nywhere: Febili 10 3	(b) Date first used in Florida:	50111103
		PART III	
1. The mark to be remust be 25 word	egistered is: (If logo/design is in	ncluded, please give brief written descrip	otion which
		pital F & Capital S. The	logo is
		•	
centered on	cop or name. Logo	is a piece of paper with	z graphice
"V's" on lef	Et & right corners.	•	
	•		
English Translation_			
2. DISCLAIMER (i	if applicable)		
	DE TO THE EXCLUSIVE RIC		
<del> </del>		" APART FROM THE M	ARK AS SHOWN.
z christopler	Hansen	, being sworn, depose and say that I am the	owner and the applicant
herein, or that I am auth	orized to sign on behalf of the owner	, being sworn, depose and say that I am the r and applicant herein, and no other person exce form or in such near resemblance as to be likely to	pt a related company has
be mistaken therefor. I	make this affidavit and verification	on my/the applicant's behalf. I further acknowle	edge that I have read the
application and know in	e contents thereof and that the facts s	4	0 V
	<u>Christank</u>	r printed name of applicant	3 M
		r printed name or appream	APR -
	Applicant's signar	ture or authorized person's signature	- 35
	(	List name and title)	ED OF STATE REPORATIONS PH 12: 58
STATE OF	CORIDA		N RAIA
COUNTY OF M	11AMI-DADE		<b>5. 2 元</b>
			**
On this da appeared before me,		, 2003 , CHRISTOPHER HA	M Sを入 personally
* *		se identity I proved on the basis of	
		Winn macking	
6	Mark Feuer, CISSP	Notary Public Si	gnature
ForensiS	Director of Technology mark <b>@</b> forensis.com		
•		Notary's Printed	Name Diann Mackin
	402 N.E. 36™ Street, Miami, FL 33137° fel 305 573 8324 ext 111	Commission Expires:	Commission # CG 85803
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