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FD000000849

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

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

200003135772--4
-02/15/00--01054--018
*****70.00 *****70.00

CORPORATION(S) NAME

Harvest Logistics Inc.

FILED
00 FEB 15 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Amendment
- Merge
- Mark
- Dissolution/Withdrawal
- Other
- Change of R.A.
- Fictitious Name
- CUS
- Photo Copies
- Annual Report
- Reservation
- After 4:30
- Pick Up
- Will Wait
- Call if Problem
- Call When Ready
- Walk In
- Mail Out

Qualification

Name	
Availability	<i>2-15</i>
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2/15

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LAURA EARNEST

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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. Harvest Logistics 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. Delaware (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. August 3, 1998 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 15 Independence Boulevard, Warren, New Jersey, 07059 (Current mailing address)

8. Supply chain management (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: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324 (Zip code)

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.
C T Corporation System
Charles W. Meyer (Registered agent's signature) CHARLES W. MEYER ASSISTANT SECRETARY

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)
FL019 - 9-2-99 C T System Online

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TALLAHASSEE, FLORIDA

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00 FEB 15 PM 12:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael Sprague

Address: 91 Skyway Avenue, Suite 200, Etobicoke, Ontario, Canada M9W 6C7

Director: Steve Crowther

Address: 91 Skyway Avenue, Suite 200, Etobicoke, Ontario, Canada M9W 6C7

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

President: Ron Tomiuck

Address: 91 Skyway Avenue, Suite 200, Etobicoke, Ontario, Canada M9W 6C7

Treasurer & Secretary: Steve Crowther

Address: 91 Skyway Avenue, Suite 200, Etobicoke, Ontario, Canada M9W 6C7

Asst. Secretary: Matthew Keogh

Address: 91 Skyway Avenue, Suite 200, Etobicoke, Ontario, Canada M9W 6C7

Asst. Secretary: Michael Sprague

Address: 91 Skyway Avenue, Suite 200, Etobicoke, Ontario, Canada M9W 6C7

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NOTE: If necessary, 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. Ron Tomiuck/President
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARVEST LOGISTICS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



Edward J. Freel
Edward J. Freel, Secretary of State

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AUTHENTICATION:

02-11-00

DATE: