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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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04 MAR -4 AM 11:41
DIVISION OF CORPORATION

FILED
04 MAR -4 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

March 4, 2004

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

04 MAR -4 PM 4:34
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6011884 WO
Customer Reference 1: EB Specialty Services, In
Customer Reference 2: 000000

Dear Secretary of State, Florida:

Please file the attached:

EB Specialty Services, Inc. (DE)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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.

FILED
04 MAR - 4 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. EB Specialty Services, 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 3. 20-0295571
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/05/03 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2325 B Renaissance Drive, Suite 10, Las Vegas, NV 89119
(Principal office address)

same
(Current mailing address)

8. To act as the obliger under a service contract for computer related equipment.
(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/o C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

BY: [Signature]
C T Corporation System
(Registered agent's signature)

VickiAnn Owens
Special 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 business addresses of officers and/or directors: *SEE ATTACHMENT*

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: James A. Smith

Address: 931 S. Matlack Street

West Chester, PA 19382

Vice President: Daniel Kaufman

Address: 931 S. Matlack Street

West Chester, PA 19382

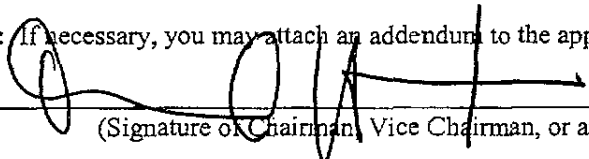
Secretary: Daniel Kaufman

Address: 931 S. Matlack Street West Chester, PA 19382

Treasurer: James A. Smith

Address: 931 S. Matlack Street West Chester, PA 19382

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. Daniel Kaufman, Secretary

(Typed or printed name and capacity of person signing application)

Attachment to Florida

Officers & Directors

1. Full Name: James A. Smith
Officer/Director: Officer, Director
Officer's Title: President/Treasurer
Business Address: 931 S. Matlack Street
City: West Chester
State: PA
ZIP Code: 19382

2. Full Name: Daniel Kaufman
Officer/Director: Officer, Director
Officer's Title: Vice President/Secretary
Business Address: 931 S. Matlack Street
City: West Chester
State: PA
ZIP Code: 19382

3. Full Name: Pamela A. Jasinski
Officer/Director: Officer, Director
Officer's Title: Assistant Secretary
Business Address: 103 Foulk Road, Suite 202
City: Wilmington
State: DE
ZIP Code: 19803

4. Full Name: Kari L. Johnson
Officer/Director: Officer
Officer's Title: Assistant Secretary
Business Address: 103 Foulk Road, Suite 202
City: Wilmington
State: DE
ZIP Code: 19803

5. Full Name: Andrew Panaccione
Officer/Director: Officer
Officer's Title: Assistant Treasurer
Business Address: 103 Foulk Road, Suite 202
City: Wilmington
State: DE
ZIP Code: 19801

Delaware

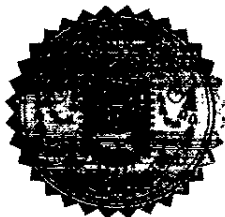
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EB SPECIALTY SERVICES, 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 FIRST DAY OF MARCH, A.D. 2004.

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.



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 2961934

DATE: 03-01-04