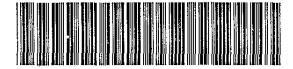
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7/27/04

Florida Department of State Registration Section Divison of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed:

Transmittal Letter (2 pages)
Application by Foreign Corporation for Authorization to Transact Business in Florida
Certificate of Good Standing for In-Fusio, Inc. – Delaware
Check #1373 \$87.50

We will not have a business address in Florida. We have one employee who lives in Florida.

Please register In-Fusio, Inc. for operating in the State of Florida.

Any questions, please contact me.

Laryn Spolword

Sincerely,

Kathryn Stockwell

Controller

(630) 529-1450 ext. 30

kathryn.stockwell@in-fusio.com

In-Fusio, Inc. One Tiffany Pointe, Suite 105 Bloomingdale, IL 60108 USA Tel: (630) 529-1450 Fax: (630) 529-1445 http://www.in-fusio.com

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT:
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Kathrun Stockwoll
(Name of Person)
In-Fusio, Inc. (Firm/Company)
One Tiffaky Point, # 105 (Address)
Blominghale, IL GOICS (City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (430) 529-1456 x 30 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations A09 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy

JIL 407-0124

VISA YOU

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. In-Fix10, 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. Delaurile 3. 80-0678424 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. Sept. 19 1.00 3 5. (Duration: Year corp. will cease to exist or "perpetual"	· .
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "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. One Tiffany Pointe, Sink 185 Blooming Aglo, 166 (Principal office address)	010
(Principal office address)	94. 11. s.1
Current mailing address)	
(Current mailing address)	
8. Sull Support - Williams Revelopment (Purpose(s) of corporation authorized in home state of country to be carried out in state of Florida)	7 - 50 2 - 50 2 - 50 2 - 50 3 - 50 3 - 50 3 - 50 3 - 50 3 - 50
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	_
Name: CT Corphation System 2	, e.t. úg.
Office Address: 1200 S. Pine Island Rd	-71
Plantation, FL MINION, Florida 3324 (Zip code)	F
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the	o place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this ca further agree to comply with the provisions of all statutes relative to the proper and complete performance of duties, and I am familiar with and accept the obligations of my position as registered agent.	pacity. 1
James M. Halpin Assistant Secretary	
(Registered agent's signature) Assistant Secretary	+ 3

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.

97%

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: ____ Vice Chairman: Address: Address: Sawe as helew Director: Wacent Cahanel Address: 12 Millenium, 12 guhi des Queyries, 33072, Boidmux Ceder, France **B. OFFICERS** Address: Le M. Menium, 12, quai des Overgries, 33072 Providenur Celox-France Vice President: Address: Secretary: Gilcs Control Address: Le Mille AILLA 12 GLAI des Oveynes, 33072, Borleaux Codex France Treasurer: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IN-FUSIO, 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 THIRD DAY OF JUNE, 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.

Darriet Smith Hindson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3149934

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DATE: 06-03-04