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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

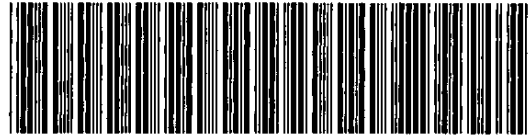
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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6-23-06  
MC

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June 19, 2006

Florida Department of State  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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2006 JUN 22 P 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Application for Customized Support Services, Inc.

To whom it may concern,

Enclosed please find the following documents in the above referenced matter:

1. Application by Foreign Corporation for Authorization to Transact Business in Florida
2. Cover Letter
3. Certificate of Status from the State of Wisconsin for Customized Support Services, Inc. dated June 19, 2006, and;
4. Check No. 11234 in the amount of \$70.00 representing filing fees.

Please process the enclosed documents for application and kindly return the letter of acknowledgment to the undersigned.

Thank you.

Very truly yours,

HAUS, ROMAN and BANKS, LLP

  
Michael E. Banks

MEB/leh  
Enclosures (4)

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Customized Support Services, Inc.  
(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:

Attorney Michael E. Banks  
(Name of Person)

Haus, Roman and Banks, LLP  
(Firm/Company)

148 East Wilson St., Suite 200  
(Address)

Madison, WI 53703  
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael E. Banks at ( 608 ) 257-0420  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Customized Support Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin

(State or country under the law of which it is incorporated)

3. 39-1848745

(FEI number, if applicable)

4. April 12, 1996

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or perpetually)

6. N/A

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1111 Deming Way, Madison, WI 53717

(Principal office address)

1111 Deming Way, Madison, WI 53717

(Current mailing address)

8. Sale, installation and maintenance of power quality 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 NOT acceptable)

Name: Business Filings Incorporated

Office Address: 1203 Governors Square Boulevard, Suite 101

Tallahassee, Florida 32301-2960

(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.

Rick O'Dell

(Registered agent's signature) Rick O'Dell, Asst. Sec., Business Filings Incorporated

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.

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2006  
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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: NA

Address: Customized Supports Services, Inc. is a statutory close corporation that has duly elected to operate without a board of directors under the laws of the State of Wisconsin.

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS**

President: Patrick McGettigan

Address: 1111 Deming Way, Madison, WI 53717

Vice President: NA

Address: \_\_\_\_\_

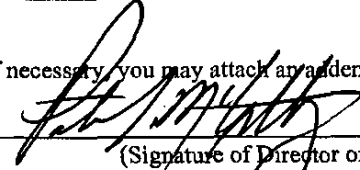
Secretary: Patrick McGettigan

Address: 1111 Deming Way, Madison, WI 53717

Treasurer: NA

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_  
(Signature of Director or Officer listed in number 12 of the application)

14. Patrick McGettigan, President  
(Typed or printed name and capacity of person signing application)

United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

**CUSTOMIZED SUPPORT SERVICES, INC.**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 12, 1996.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 19, 2006.



A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator  
Division Of Corporate & Consumer Services  
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **27469-5728B2EC**