Filing Fee: \$150.00

License Fee: \$15.00 minimum (§7-1.1-124)

ID Number: 12 908



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FILED

By CF 4 2001

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY (To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the state of Rhode Island, and for that purpose submits the following statement: 1. The name of the corporation is 2. It is incorporated under the laws of 3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: 4. The date of its incorporation is Cabber 1, 1980 and the period of its duration is_ 5. The address of its principal office in the state or country under the laws of which it is incorporated is HURONVIEW Blid. SUITE 202 ADDNAUBOR O 6. The address of its proposed registered office in Rhode Island is (Street Address, not P.O. Box) RI 02903 and the name of its proposed registered agent in Rhode Island at Oradion 345 PEMS 7. The specific purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

8. The names and respective addresses of the directors and officers are:

a manner and respective addresses of the directors and officers are.								
	Name		<u>Address</u>					
Director	Stephen Dizandini	All HoronView V	Blub SUITE 202 ANN ASLOW MITA					
Director	Harris PREALING	JAME	· · · · · · · · · · · · · · · · · · ·					
President	Slephon Do Reading	อีคแร้	1 HS 358					
Vice President			10 44 51 01					
Treasurer	Agnes P Reacting	ShuE.	100					
Secretary	Agries P Reading	FAMT.	187 6 10 19 ES					
lo 150	' /		ENEW ED THE					

Service INVENTORIES

Form No. 150 Revised: 01/99

9.	The val	he aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without palue, and series, if any, within a class, is:			
		Number of Shares	Com mod	<u> </u>	Par Value or Statement that Shares are without Par Value
10.	The	e aggregate number of its issu hin a class, is:	ed shares, itemized by	classes, par value of shares, shares wit	hout par value, and series, if any,
		Number of Shares	Common /	<u> </u>	Par Value or Statement that the state of the
11.	(a)	An estimate of the value of \$ 943,072	of all property to be o	wned by the corporation for the foll	owing year, wherever located, is
	(b)	An estimate of the value of	of the corporation's pro	perty to be located withiл Rhode Isl	and during the following year is
	(c)	located within this state duffly	g the following year bea	ortion that the estimated value of the rs to the value of all property of the co. %. [divide (b) by (a) and multiply by 1	rnoration to be owned during the
12.	(a)	An estimate of the gross a \$ _ 9000,000	mount of business to	be transacted by the corporation	during the following year is
	(b)		mount of business to	pe transacted by the corporation at or fi	om places of business in Rhode
	(c)	An estimate, expressed as a corporation at or from places	percentage, of the pi of business in this stat	oportion that the gross amount of bue during the following year bears to the year is % [divide (b) by (Contrario de la constitució de
13	This	s application is accompanied b he secretary of state or other a	y certified copies of its outhorized officer of the	articles of incorporation and all amendr jurisdiction of its incorporation.	nents thereto, duly authenticated
Dati	e: _	12/21/01	A	Print Exact Name of Corporate	
				By D. Cec	
				By AND By	esident (check one)
				Secretary or Assista	nt Secretary (check one)
STA	ATE JNT	OF MICHIGAN YOF WASHTENAL	<u>v</u>	_	
ว แ	יש א	RESIDENT + SECR	NG + HGNES Y. A PETARU OF	day of <u>December</u> , who, being by me first duthe corporation and that he/she sign	ily sworn, declared that he/she
suci	1 011	icer of the corporation, and		erein contained are true.	Plane D.
		DOCE M. EDWARI Motory Public, Washinnay (My Commission Expires 01	County, MP	Notary Public My Commission Expires: /-	17-2004