Filing Fee: \$75.00

ID Number: 130990

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

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

Pursuant to the provisions of Section 7-1.1-111 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is CPCS_ACQUISITION_CO.

1.	The name of the corporation is <u>CPCS_ACQUISITION_CO</u> .					
2.	It is incorporated under the laws ofDELAWARE					
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on 03/27/2003, authorizing it to transact business in Rhode Island under the name of:					
	CPCS ACQUISITION CO.					
4.	The corporate name of the corporation has been changed to OVERLAND SOLUTIONS, INC.					
	(If no change, so indicate.)					
5.	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:					
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:					
	(If no other or additional purposes are proposed, insert "No Change.")					
	NO CHANGE					
-	2 8 2003					
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7.	If t	there has been an increase in cluding the increase (If there ha	the authorized shares of the corporation, list the total number of authorized speen no increase in shares, insert "No Change"):				
		Total Number of Authorized Shares	<u>Class</u>	Series	Par Value or Statement that Shares are without Par Value		
	_	NO CHANGE					
8.	 (a)	An estimate of the value of al	Il property to be owne	ed by the corporation for	the following year, wherever located, is		
		4			hode Island during the following year is		
	(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporatio to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is0, %. [divide (b) by (a) and multiply by 100 to obtain the percentage]						
9.	(a)	An estimate of the gross am \$62,000,000	ount of business to	be transacted by the co	prporation during the following year is		
	(b)	An estimate of the gross amo Rhode Island during the follow	ount of business to be ving year is \$	transacted by the corpo	pration at or from places of business in		
	(c)	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is0 %. [divide (b) by (a) and multiply by 100 to obtain the percentage]					
10.	Exc her	ept as herein modified, the ori eby confirmed, ratified and inc	iginal Application for orporated by reference	Certificate of Authority one into this Application for	continues in full force and effect and is r Amended Certificate of Authority.		
		1/1/03		CPCS AC	COUISITION CO.		
			Ву	IMM IN	Corporation Making Application		
			Ву	Xous L/	Vice President (check one)		
STA COL	TE :	OF <u>KANSAS</u> Y OF <u>JOHNSON</u>	 -	∑ Secretary or ☐	Assistant Secretary (check one)		
the_	re n _V	In	of the corp	who, being by me fi oration and that he she s	, <u>2003</u> , personally appeared rst duly sworn, declared that he/she is igned the foregoing document as such		
		A MARTHA A CET Notary Public My Apot Expires C		tary Public Commission Expires:	S/23/05		

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "OVERLAND SOLUTIONS, INC." AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE FIFTEENTH DAY OF JANUARY, A.D. 2003, AT 3 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "CPCS ACQUISITION CO." TO "OVERLAND SOLUTIONS, INC.", FILED THE THIRD DAY OF APRIL, A.D. 2003, AT 4:45 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION.

Farriet Smith Windson Secretary of State

AUTHENTICATION: 2474054

DATE: 06-16-03

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