


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

01 NOV 16 PM 3:41

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000004965 1. Corporation Name INFORMATION LEASING CORPORATION	
2. Principal Office Address One East Fourth Street Suite, Apt. #, etc.	3. Mailing Office Address One East Fourth Street Suite, Apt. #, etc.
City & State Cincinnati, OH	City & State Cincinnati, OH
Zip 45202	Country USA

500004703285--4
-12/04/01--01010--016
****750.00 ****750.00

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida 8/13/2000	5. FEI Number 311109151	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation		State FL	Zip Code 33324
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: PETER F. SOUZA Date: 11/16/01
 REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	Hoverson, Robert L.	One East 4th Street	Cincinnati, OH
P	Rinaldi, Vincent D	One East 4th Street	Cincinnati, OH
VAS	Hirt, Dennis L	One East 4th Street	Cincinnati, OH
VS	MAGEE, MARK E	One East 4th Street	Cincinnati, OH
V	Rooney, Michael R.	One East 4th Street	Cincinnati, OH
V	Rinaldi, Robert J	One East 4th Street	Cincinnati, OH

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] Date: 11/16/01 Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SK