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Florida Department of State
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FOREIGN PROFIT QUALIFICATION

Dealer Services Corporation

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

Discovers DSC Corporation

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

2. Delaware 3. 20-2321115
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/11/2005 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 07/01/2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11555 N. Meridian St., Suite 220, Carmel, IN 46032
(Principal office address)

same
(Current mailing address)

8. Any and lawful activities.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

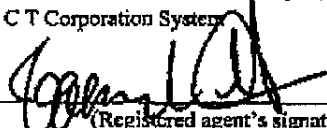
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System
By: 
(Registered agent's signature) **Jeffrey R. Graves**
Assistant Secretary

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.

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

2005 MAY 26 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: John E. Fuller

Address: 11555 N. Meridian St., Suite 220

Carmel, IN 46032

Director: Joel Schwartz

Address: 245 Park Avenue

New York, NY 10167

B. OFFICERS SEE ATTACHMENT

President: John E. Fuller

Address: 11555 N. Meridian St., Suite 220

Carmel, IN 46032

Vice President: _____

Address: _____

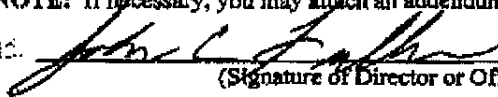
Secretary: Martin McFarland

Address: 11555 N. Meridian St., Suite 220 Carmel, IN 46032

Treasurer: Martin McFarland

Address: 11555 N. Meridian St., Suite 220 Carmel, IN 46032

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. John E. Fuller, President
(Typed or printed name and capacity of person signing application)

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SECRET
TELEPHONE

Attachment to Florida
Officers & Directors

1. Full Name: John E. Fuller
Officer/Director: Officer, Director
Officer's Title: President
Director's Title: Other Director
Business Address: 11555 N. Meridian St., Suite 220
City: Carmel
State: IN
ZIP Code: 46032
2. Full Name: Martin McFarland
Officer/Director: Officer
Officer's Title: Treasurer/Secretary
Business Address: 11555 N. Meridian St., Suite 220
City: Carmel
State: IN
ZIP Code: 46032
3. Full Name: Mei Hu
Officer/Director: Director
Officer's Title:
Director's Title: Other Director
Business Address: 245 Park Avenue
City: New York
State: NY
ZIP Code: 10167
4. Full Name: David Roberts
Officer/Director: Director
Officer's Title:
Director's Title: Other Director
Business Address: 245 Park Avenue
City: New York
State: NY
ZIP Code: 10167
5. Full Name: Josh Brain
Officer/Director: Director
Officer's Title:
Director's Title: Other Director
Business Address: 245 Park Avenue
City: New York
State: NY
ZIP Code: 10167
6. Full Name: Robert Sullivan
Officer/Director: Director
Officer's Title:
Director's Title: Other Director

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Business Address:
City:
State:
ZIP Code:

2120 Stern Drive
Chattanooga
TN
37421

7. Full Name:
Officer/Director:
Officer's Title:
Director's Title:
Business Address:

City:
State:
ZIP Code:

Jack Kelley
Director

Other Director
9 North Parkway Sq., 4200 Northside Parkway
NW
Atlanta
GA
30327

8. Full Name:
Officer/Director:
Officer's Title:
Director's Title:
Business Address:
City:
State:
ZIP Code:

Micheal Hockett
Director

Other Director
1919 S. Post Rd.
Indianapolis
IN
46239

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SECRETARY OF STATE
-ALL INFORMATION CONTAINED
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Delaware

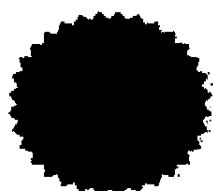
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEALER SERVICES CORPORATION" 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 SECOND DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

2005 MAY 26 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FL 32311



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3851242

DATE: 05-02-05

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