

F40916

August 1, 2000

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Fl 32314

700003344207--3
-08/02/00--01074--002
*****43.75 *****43.75

Re: Mutual Fund Data Service, Inc.

To Whom It May Concern:

Please find enclosed articles of dissolution for the above named corporation. Also find a check covering the expense of dissolution and a certified copy of the transaction to be sent to the address below. There were no shares issued for this corporation, as it was a one-person business owned by and run by Karl B. Block.

I have provided a copy of durable power of attorney for your convenience.

If there are any questions, please do not hesitate to contact me.

Thank you for your prompt attention.

Sincerely,

Marie C. N. Block
16308 NCR 225
Gainesville, Fl 32609
352 485-1093

FILED
00 AUG -2 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOID IS
[Handwritten signature]

ARTICLES OF DISSOLUTION

FILED
00 AUG -2 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: MUTUAL FUND DATA SERVICE, INC.

SECOND: The date dissolution was authorized: JANUARY 1, 2000

THIRD: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

_____ (voting group)

Signed this 1 day of AUGUST, 2000.

Signature Marie C.N. Block D.P.A.
(By the Chairman or Vice Chairman of the Board, President, or other officer)

MARIE C.N. BLOCK
(Typed or printed name)

DURABLE POWER OF ATTORNEY FOR KARL B. BLOCK
(Title)

DURABLE POWER OF ATTORNEY

I, Karl B. Block, hereby appoint and empower my daughter, Marie C. N. Block, as my true and lawful attorney-in-fact, to act for me and in my name and on my behalf to:

A. Collect, receive, and receipt for any and all sums of money or payments due or to become due to me.

B. Sue in my name and behalf for the recovery of any and all sums of money or payments due or to become due to me and to collect on any judgments recovered by me and execute satisfactions of the same.

C. Initiate, defend, continue, or settle suits on my behalf or to enforce the exercise of these powers granted to my attorney-in-fact.

D. Hire or discharge (with or without cause) employees including, but not limited to, physicians, nurses, attorneys, and domestics.

E. Deposit to or withdraw from, or draw checks or drafts upon, any and all savings or checking accounts, money market funds, or any other type of account in my name; open any new such accounts in my name in any bank or financial institution or with any insurance or brokerage firm; and endorse my name to any and all negotiable instruments.

F. Pay any and all bills, accounts, claims, and demands now or hereafter payable by me.

G. Receive and endorse for deposit in any account any payments that I receive from any branch or department of the United States or other government, including without limitation, Social Security payments, Veterans Administration payments or grants, Medicare or Medicaid payments, and tax refunds.

H. Represent me before any office of the Internal Revenue Service or any state agency; prepare and sign any tax return on my behalf; receive confidential information regarding tax matters (SSN 066-01-8803) for all periods; whether before or after the execution of this instrument; and to make any tax elections on my behalf.

I. Receive and open my mail, change my mailing address, and otherwise represent me in any matter concerning the U.S. Postal Service.

J. Borrow money and to otherwise incur or guarantee indebtedness for which I will be liable, and to secure any such indebtedness by mortgage or other security interests encumbering my assets.

K. Act for me in any business or enterprise in which I am now or have been engaged or interested or with respect to any trust in which I have a beneficial interest.

L. Manage all assets and properties belonging to me or in which I have any interest, and to expend whatever funds my attorney-in-fact deems proper for the preservation, maintenance, or improvement of those assets or properties.

M. Compromise, arbitrate, or otherwise adjust claims in favor of or against me or any assets or entity in which I have an interest; and to agree to any rescission or modification of any contract or agreement.

N. Participate in any type of liquidation or reorganization of any enterprise.

O. Join with other persons with whom I own property as joint tenants with right of survivorship in any transaction regarding that property.

P. Vote and exercise all rights and options, or empower another to vote and exercise those rights and options, concerning any corporate stock, securities, or other assets; to enter into or approve agreements for merger, reorganization, or equivalent transactions with respect to any company or enterprise; to delegate those rights to an agent; and to enter into voting trusts and other agreements or subscriptions.

Q. Exercise all rights and options, or empower another to exercise those rights and options, concerning sole proprietorships, general or limited partnerships, joint ventures, business trusts, land trusts, limited liability companies, and other domestic and foreign forms of organizations.

R. Buy, sell, exchange, lease, convey, and grant options with respect to any real or personal property, and to negotiate for and to enter into contracts and agreements of every nature, concerning real or personal property, including homestead or exempt property. Any such contract, agreement, or lease will be valid and binding for its full term even if it extends beyond my lifetime or the duration of this power of attorney.

S. Exercise all powers even though my attorney-in-fact may also be acting individually or on behalf of any other person or entity interested in the same matters.

T. Transact all business, make, execute and acknowledge all contracts, orders, deeds, bills of sale, assurances, promissory notes, mortgages, and other instruments of any nature which may be requisite or proper to effectuate any matter or things pertaining to or belonging to me.

U. Make gifts for estate planning purposes; change the beneficiaries of any life insurance policies or other qualified or nonqualified benefit plans; create or fund revocable or irrevocable trusts for the benefit of myself or of other persons; and consent to the creation or extension of trusts established by other persons for my benefit.

V. Continue or discontinue my membership in any club or other organization.

W. Accept or resign on my behalf from any offices or positions which I may hold, including any fiduciary positions.

X. Continue, use, or terminate any charge or credit accounts.

Y. Employ and compensate any investment management service, financial institution, or similar organization to advise my attorney-in-fact and to handle all investments and to render all accountings of funds held on my behalf under custodial, agency, or other agreements.

Z. Enter into any safe deposit box for which I am a lessee and add or remove items.

AA. Disclaim any property interest that I would otherwise receive.

BB. Demand, obtain, review, and release to others medical records or other documents protected by the patient-physician privilege, attorney-client privilege, or any similar privilege.

CC. File or process claims for any medical bills with all insurance companies through which I have coverage, including but not limited to Medicare and Medicaid, and to receive from Blue Cross/Blue Shield or any other insurer information obtained in the adjudication of any claim in regard to services furnished to me under Title 18 of the Social Security Act.

DD. Create, fund, and maintain an Income Trust pursuant to 42 USC §1396(d)(4)(B) in order to qualify me for Medicaid or any other public assistance benefits.

EE. Nominate on my behalf a person (including my attorney-in-fact) or entity to be appointed by a court of appropriate jurisdiction as guardian of my person or property, or both, or as custodian for my property during the pendency of any proceedings to determine my competency.

FF. Invest in assets, securities, or interests in securities of any nature, including (without limit) commodities, options, futures, precious metals, currencies, and in domestic and foreign markets or investment funds, including common trust funds; to trade on credit or margin accounts (whether secured or unsecured); and to pledge assets for that purpose.

I further authorize my attorney-in-fact to take all other actions as may be necessary or appropriate for my personal well-being and the management of my affairs, as fully and as effectively as if made or done by me personally.

Despite the foregoing powers, my attorney-in-fact may not (i) deal with insurance policies I own on the life of my attorney-in-fact, or (ii) except as specifically authorized by this power of attorney, distribute assets so as to discharge a legal obligation of my

attorney-in-fact.

If I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I designate my attorney-in-fact as my surrogate for health care decisions. My attorney-in-fact's address and telephone number are 16308 North County Road 225, Gainesville, FL 32609 and (352) 485-1093. I fully understand that this designation will permit my attorney-in-fact to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility. I affirm that this designation is not being made as a condition of treatment or admission to a health care facility. (Note: The person designated as attorney-in-fact cannot act as a witness to the execution of this document. At least one witness must be a person who is neither the spouse nor a blood relative of the principal.)

Any third party to whom this power of attorney is presented may rely upon an affidavit by my attorney-in-fact stating, to the best of my attorney-in-fact's knowledge and belief, that this power has not been revoked, that I am then living, and that no proceedings have been initiated to determine my incapacity. No third party relying on this power and that affidavit will be liable for any losses, damages, or claims caused by compliance with the action requested by my attorney-in-fact, unless that third party has actual knowledge of my death or the revocation of this power.

This durable power of attorney will not be affected by my subsequent incapacity except as provided in Chapter 709 of the Florida Statutes. It is my specific intent that the power conferred on my attorney-in-fact will be exercisable from the date of this instrument, notwithstanding my subsequent disability or incapacity, except as otherwise specifically provided by statute.

If any part of this power of attorney is declared invalid or unenforceable, that decision will not affect the validity of the remaining parts.

My attorney-in-fact does not have an affirmative duty to act under this power of attorney and will not be liable for any claim or demand arising out of her acts or omissions, except for willful misconduct or gross negligence.

In witness whereof, I have executed this durable power of attorney on November 15, 1999.

Signed in the presence of:

ROGER N. TOELKE
Print Name:

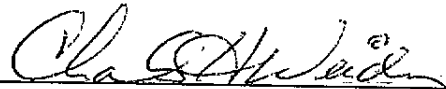
Karl B. Block
Karl B. Block

GAYLE E. NANCE
Print Name: GAYLE E. NANCE

Two witnesses as to
Karl B. Block

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me on November 15, 1999,
by Karl B. Block.



Notary Public--State of Florida

Print Notary Name: Charles H. Wiedner

My Commission Number is: CC550790

My Commission Expires: May 7, 2000

Personally Known _____
Produced Identification
Type of Identification Drivers License

