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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 JAN 17 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600084713896

CR2E081 (12/05)

DOCUMENT # F00000000659

1. Corporation Name

Direct Bill Services, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
70 Pine Street		Same as Principal Office Address	
Suite, Apt. #, etc. 30th floor		Suite, Apt. #, etc.	
City & State New York		City & State	
Zip 10270	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 2/4/2000

5. FEI Number 13-4045461 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes Street

Suite, Apt. #, Etc.:

City: Talahassee | State: FL | Zip Code: 32301

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: [signature] Date: 1/15/07

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached list		

B 1/17/07
REINSTATEMENT 02-07

10. I certify that I am an officer or director or 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 fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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] Elizabeth M. Tuck Jan. 9, 2007 212-770-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Directors / Officers Report

As of 11/8/2006

Direct Bill Services, Inc.
Address for all: 70 Pine Street, New York, NY 10270

Directors

		Effective
Gerald Vincent Vitkauskas	Director	1/26/1999
Michael D. Vogen	Director	1/26/1999

Officers

		Effective
Gerald Vincent Vitkauskas	President	1/26/1999
Michael D. Vogen	Chief Financial Officer	1/26/1999
George A. Harris	Executive Vice President	12/8/1999
J. Kevin Olsen	Executive Vice President	11/21/2000
Michael D. Vogen	Executive Vice President	12/8/1999
Paul A. Zarookian	Executive Vice President	12/8/1999
Alexander P. Cano	Senior Vice President	11/29/2005
Paul Raymond Cohen	Senior Vice President	4/20/2005
Claude T. Graham	Senior Vice President	12/8/1999
Jeffrey Lesnoy	Senior Vice President	5/15/2000
John A. Rago	Senior Vice President	5/15/2000
Michael S. Forman	Vice President	5/20/2003
Ralph Anthony Marino	Vice President	5/20/2003

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Theresa Puccio	Assistant Vice President	5/24/2004
Alexander P. Cano	General Counsel	5/30/2002

Directors / Officers Report

As of 11/8/2006

Direct Bill Services, Inc.

Elizabeth Margaret Tuck	Secretary	1/26/1999
Valerie-Saun Alerte	Assistant Secretary	5/20/2003
Alexander P. Cano	Assistant Secretary	5/30/2002
Michael D. Vogen	Treasurer	11/29/2005
Theresa Puccio	Assistant Treasurer	12/8/1999
Jeffrey Lesnoy	Comptroller	5/24/2004
Michael S. Forman	Assistant Comptroller	5/24/2004
Ralph Anthony Marino	Assistant Comptroller	5/24/2004

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 710152 4320171

AUTHORIZATION

COST LIMIT : $ 1350.00

ORDER DATE : January 11, 2007

ORDER TIME : 10:02 AM

ORDER NO. : 710152-050

CUSTOMER NO: 4320171

RECEIVED
07 JAN 17 AM 10:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: DIRECT BILL SERVICES, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____