# F000000003386

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

MJH

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CORPORATION(S) NAM	***** (!) <b>.</b> U	U *	
LPI Service Corporation			
d/b/a LPISC, Inc.			
(x) Profit	() Amendment	() Merger	<u> </u>
() Nonprofit	()	() Merger	
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC	
() Certified Copy	() Photocopies	() CUS	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	HI MAT 00
Name Availability Document	06/14/00		PM 2: 39
Examiner Updater Verifier Acknowledgement	e en	SPAN OF CORPORATIONS. SION OF CORPORATIONS. LLANASSEE, FLORIDA ————————————————————————————————————	IVIO AT
W.P. Verifier		<b>역 7 A T 가 그 : 그 : 그 는 그 등 다</b> 음합을	41 E

FILED SECRETARY OF STATE IVISION OF CORPORATION

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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

#### **RESOLUTION OF BOARD OF DIRECTORS**

(Please print or type)

I, the undersigned Robert K. HAGAN , do hereby certify (Name)	
that this Resolution of the Board of Directors of	· /************************************
LPI SERVICE CORPORATION (Corporate Name)	e e e e e e e e e e e e e e e e e e e
a corporation duly organized and existing under the laws of the State of,	
was duly adopted on $\triangle ECEMBER = 28$ , $19.79$ .	_
Be it resolved, that LPI SERVICE CORPORATION (Corporate Name)	<u> </u>
organized and existing in the State of, hereby adopts the name	
LPISC, Inc. for use in Florida.	
Dated:	
Robert K. HAGAN-VICE President & SE	cretary

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### 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.

<ol> <li>LPI Service C</li> </ol>	orporation				
(Name of corp	oration; must include the wor	d "INCORPORATED",	"COMPANY", "CORPORATION"	or .	
words or abbro	eviations of like import in lan	guage as will clearly ind	icate that it is a corporation instead of	of a	
natural person	or partnership if not so conta	ined in the name at prese	ent.)		
2. Illinois		_	26 2050501		
			36-3050591	<u> </u>	:
(State or count	ry under the law of which it is	incorporated)	(FEI number, if applicab	le)	
4, 12/28/79	-	5 Perpetual			
	ate of incorporation)		Year corp. will cease to exist or "	normativa?")	
(2)	or more position,	(Duration	Total corp. with cease to exist of	jerpetuar )	
6. Upon Qualific	ation				
(Date fir:	st transacted business in Flori	da.) (SEE SECTIONS 6	07.1501, 607.1502 and 817.155, F.S	3.)	,
			·	,	
7. 200 E. Randol	ph, Chicago, Illinois 60601				
	(Ct	errent mailing address)			
8. To provide ser	vice personnel to the manage	ment of commercial pro-	perties		
			to be carried out in state of Florida	<del></del>	
• •	-	•		,	
9. Name and st	reet address of Florida r	egistered agent: (P.O	D. Box or Mail Drop Box NOT a	cceptable)	프
		• • •	1	OO JUN 14 PM	<u>%</u> ₩
Name:	C T Corporation System			$\equiv$	三另
			-	22	Z-M O≕-
Office Address:	1200 South Pine Island Roa	ıd			₹3:
		<u></u>	<del>-</del>		<u> </u>
	Plantation		, Florida, _33324	<u> </u>	
			(Zip code)	Ü	%° S
			(Zip code)	 ယ	
10 Registered	agent's acceptance:			9	₹ ©
10. Registered	agent s'acceptance.				S
77 t					
Having been nam	ea as registered agent and to	accept service of proces	ss for the above stated corporation	at the place design	ated in
with the provision	nereby accept the appointme	ent as registerea agent a	and agree to act in this capacity. If	urther agree to con	npiy
the obligations of	my position as registered ag	e proper unu comptete p	performance of my duties, and I am	jamuiar wiin ana	accept
ine obligations of	C T Corporation Sx				
		b M.			
		egistered agent's signatu	ura)		
	Jeffrev	H, Graves	•		
11. Attached is a	certificate of existencAssists	Int Secretary	an 90 days prior to delivery of this a	application to the	
Department of Sta	te, by the Secretary of State of	or other official having cu	astody of corporate records in the just	risdiction under the	law of
-					

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 972/99 CT System Online

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	
Address:	
Director: Paul R. Sorensen	
Address: 200 E. Randolph	
Chicago, Illínois 60601	
Director: Cubic H. Dawson, Jr.	
Address: 15 Vanderbilt Avenue	,
New York, New York 10017	
Director: Elizabeth I. Lofton	=
Address: 200 E. Randolph	
Chicago, Illinois 60601  B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: Elizabeth I. Lofton	
Address: 200 E. Randolph	
Chicago, Illinois 60601	
Vice President: and Assistant Secretary: Robert K. Hagan	
Address: 200 E. Randolph	-
Chicago, Illinois 60601	
Secretary:	· · • • • •
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Molest K. Hy	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  14. Robert K. Hagan, Vice President	
(Typed or printed name and capacity of person signing application)	

File Number \_\_\_\_\_\_ 5194-640-5



#### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



Desse White