

ACCOUNT NO. : 072100000032

REFERENCE

: 791140

4327236

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: August 8, 2000

ORDER TIME : 2:07 PM

ORDER NO. : 791140-010

CUSTOMER NO: 4327236

000003351620--4

CUSTOMER: Ms. Deb Connor

Gardner Carton & Douglas

Suite 3400

321 North Clark Street Chicago, IL 60610-4795

FOREIGN FILINGS

NAME:

CORSOLUTIONS INC.

PLEASE RETURN THE FOLLOWING AS PROOF

OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

Janna Wilson Willy J

CONTACT PERSON:

00 MUG -9 PM 3: 15

RECEIVED

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

CorSolution	E WITH SECTION 607.1303, FLORIDA STATUTES, TA REIGN CORPORATION TO TRANSACT BUSINESS IN T	<u></u>
(Name of corpor	ration; must include the word "INCORPORATED", "COMPAN iations of like import in language as will clearly indicate that it is a partnership if not so contained in the name at present.)	'V" "CORPORATION" or
Delaware	3	(FEI number, if applicable)
(State or country	y under the law of which it is incorporated)	(FEI humber, it approximately
May 8, 2000	0 5 5.	will case to exist or "perpetual")
(Dat	y under the law of which it is incorporated) 0 5. Perpetual te of incorporation) (Duration: Year of	orp, will coase to exact of Por
upon filir	ng (SEE SECTIONS 607.1501, st transacted business in Florida.)	607.1502 and 817.155, F.S.)
71371A Abb	oott Court, Buffalo Grove, IL 60089	
8	(Current mailing address) de cardiac disease home care management e(s) of corporation authorized in home state or country to be contracted address of Florida registered agent: (P.O. Box of Corporation Service Company	arried out in state of Florida) or Mail Drop Box <u>NOT</u> acceptable)
Office Address:	1201 Hays Street	· · ·
	Tallahassee , Flori	da, 32301 (Zip code)
Having been nan this application,	I agent's acceptance: med as registered agent and to accept service of process for the I hereby accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete performa- of my position as registered agent. Corporat on Service Company	e above stated corporation at the place designated in e to act in this capacity. I further agree to comply ince of my duties, and I am familiar with and accept

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chakman:	
Address:	
Vice Chairman:	O NG
Address:	<u> </u>
Director: L. Peter Smith	23
Address: 1371A Abbott Court, Buffalo Grove, IL 60089	<u> </u>
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: L. Peter Smith	
Address: 1371 A Abbott Court, Buffalo Grove, IL 60089	
Vice President:	
Address:	
Address.	
Secretary: Scott Pettit	
Address:1371A Abbott Court,_Buffalo Grove, IL 60089	
Treasurer:	
Address:	
NOTE: If necessary the many attach an addendum to the application listing additional officers and/or di	
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application of the specific control of the	eation)
14 SCOTT PETTIT SECRETARY	

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: _CorSolutions Inc.	
· · · · · · · · · · · · · · · · · · ·	poration - must include suffix)
Dear Sir or Madam:	_
The enclosed "Application by Foreign Corporat "Certificate of Existence", and check are submit to transact business in Florida.	ion for Authorization to Transact Business in Florida", ted to register the above referenced foreign corporation
Please return all correspondence concerning this	matter to the following:
(N	ame of Person)
(Fi	rm/Company)
	(Address)
(C	ity/State/Zip)
Should you need to call someone concerning this	matter, please call:
	47) 459.7799
(Name of Person)	Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Fallahassee, FL 32399	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORSOLUTIONS INC." 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 EIGHTH DAY OF AUGUST, A.D. 2000.

00 AUG -9 AM 2: 57

Edward J. Freel, Secretary of State

AUTHENTICATION:

0607481

001400373

3210527 38300

DATE:

08-08-00