

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 10/3

400003412724--7
-10/03/00--01043--003
*****70.00 *****70.00

Corporation(s) Name

ATG-GULF Coast, Inc.

- | | | |
|---|--|---------------------------------|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Withdrawal | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> UBR | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Ch. RA |
| <input type="checkbox"/> UCC <input type="checkbox"/> 1 or <input type="checkbox"/> 3 | | |

***Special Instructions**

- | | | |
|--|--------------------------------------|------------------------------|
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> arts/ameds/mergers <input type="checkbox"/> Other-See Above | | |

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|---|---|------------------------------------|
| <input checked="" type="checkbox"/> Walk in | <input checked="" type="checkbox"/> Pick-up | <input type="checkbox"/> Will Wait |
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Please Return Filed Stamped
Copies To:

Carol Clark

Thank You!

mk 10/3

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OCT - 3 PM 3:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
OCT - 3 PM 12:00
DIVISION OF CORPORATIONS

**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. ATG-GULF COAST, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE 3. 36-4391413
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/23/00 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 184 Shuman Blvd., Ste. 200, Naperville, IL 60562

(Current mailing address)

To engage in any lawful act or activity for which corporations may be organized under the general Corporation law of the State of Delaware

8. _____
(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 or Mail Drop Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road
Plantation, FL, Florida, 33324
(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.

CT Corporation System
By: [Signature]
(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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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SECRETARY OF STATE

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael B. Freedman

Address: 1177 High Ridge Road

Stamford, CT 06905

Director: Charles R. Wallace

Address: 184 Shuman Blvd., Suite 200

Naperville, IL 60563

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Michael B. Freedman

Address: 1177 High Ridge Road

Stamford, CT 06905

Vice President: Charles R. Wallace

Address: 184 Shuman Blvd., Suite 200

Naperville, IL 60563

Secretary: Charles R. Wallace

Address: 184 Shuman Blvd., Suite 200


Naperville, IL 60563

Treasurer: Charles R. Wallace

Address: 184 Shuman Blvd., Suite 200

Naperville, IL 60563

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Charles R. Wallace, Vice President and Secretary

(Typed or printed name and capacity of person signing application)

FILED
OCT - 3 1983
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 "ATG-GULF COAST, 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2000.

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

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00 OCT -3 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Edward J. Freel
Edward J. Freel, Secretary of State

AUTHENTICATION: 0708825

DATE: 09-29-00