E00000005905

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

DATE: <u>/0</u>/23

600003435046---10/25/00--01021--002 ******8.75 *****8.75 Corporation(s) Name Profit ()Amendment Monprofit Foreign ()Dissolution ILLC ()Withdrawal ()Limited Partnership ()UBR ()Other ()Reinstatement ()Fititious Name ()Ch. RA ()UCC () 1 or () 3 ***Special Instructions** 600003435046 -10/23/00--01069--013 *****70.00 *****70.00 ()Certified Copy Photocopies ()CUS ()arts/ameds/mergers () Other-See Above XXX)Walk in (XXX)Pick-up Please Return Filed Stampe Copies To: Carol Clark Thank You!

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.

| MECHALINA | 102102. | | | |
|-------------------------------|--|--|--|----------------------|
| 1 | Intelistaf Group, Inc. | | 100 b | - • 2 |
| (Name of corpo | oration; must include the word "INCORPOI | RATED", "COMPANY", "CORPORA" | ION" MICH | |
| da or abbre | viations of like import in language as Will C | learly mulcate that it is a corporation and | ilead of E | |
| natural person | or partnership if not so contained in the nan | ne at present.) | SSE 23 In | |
| | | 52_2267220 | Fig. a O | |
| 2. | Delaware | 3. (FEI number, if ap | wilcoble) | II 1 4 44 |
| (State or countr | Delaware y under the law of which it is incorporated) | (FEI number, if ap | | |
| | August 15, 2000 5 | Perpetual | DE 2 | |
| 4(Da | August 15, 2000 5 | (Duration: Year corp. will cease to ex- | st or "perpetual") | |
| | Approximately, 10/23/00 | | | - ·-·· |
| 6 | Approximately, 10/23/00 st transacted business in Florida.) (SEE SE | CTIONS 607.1501, 607.1502 and 817.1 | 55, F.S.) | |
| | | | | |
| 7 | 1900 Spring Road, #515 | | | |
| | Oak Brook, IL 60304 | address) | | gigar ve — oggi |
| | (Current mailing | address) | 12 11 - 1 - 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 | 42 |
| | | | | |
| | Provide healthcare staffing e(s) of corporation authorized in home state | services. | | |
| 8 | -(-) -f-a-maration authorized in home state | e or country to be carried out in state of | Florida) | |
| | | | | |
| 9 Name and s | treet address of Florida registered ag | gent: (P.O. Box or Mail Drop Box I | NOT acceptable) | |
| | | | | |
| Name: | C T Corporation System | | | 7* <u>ia</u> |
| | 1000 Courth Ding Island Poad | | | |
| Office Address | : 1200 South Pine Island Road | and the state of | $\delta = (s_1, \ldots, s_n) \in \mathbb{R}^n$ | |
| | Plantation | , Florida, _33324 | | |
| | Plantation | , Florida, <u>33324</u> (Zip code) | | [F]* .校- |
| | | | | |
| 10 Registered | d agent's acceptance: | | | |
| _ | | | de la colona designatad | in |
| Having been na | med as registered agent and to accept serv | vice of process for the above stated corp | oration at the place designated | III. |
| this application, | med as registered agent and to accept serv I hereby accept the appointment as regist ons of all statutes relative to the proper an | tered agent and agree to uct in this cup | and I am familiar with and acce | pt |
| with the provisi | ons of all statutes relative to the proper an of my position as registered agent. | a completely criterians of any and | • | |
| the obligations | C T Corporation System | W Non | | |
| | \ \ | $\mathcal{M}/\Delta^{\bullet}\mathcal{V}$ | | : |
| | (Registered as | gent's signature) Assistant Secretary | = ** | |
| | | 1 4 and then OA devic prior to deliver | y of this application to the | |
| Attached is | a certificate of existence duly authenticated State, by the Secretary of State or other office | i, not more than yo days prior to deliver | in the jurisdiction under the law | of |
| Department of S | state, by the Secretary of State or other office | cial having custody of corporate records | J | |

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 9/2/99 CT System Online

which it is incorporated.

| A. DIRECTORS | Street address only - P.O. Box NOT acceptable) | |
|-------------------|--|---------------------------|
| Chairman: | | |
| Address: | 150 | ,- :: |
| <u></u> | ES 8 T | |
| Vice Chairman: | | |
| Address: | 一 | |
| | | |
| - | W. Robert Dahl | : |
| Address: | 520 Madison Avenue, New York, New York 10022 | |
| Director: | Walter S. Jin | |
| | 520 Madison Avenue, New York, New York 10022 | · · · · · |
| | | |
| B. OFFICERS | (Street address only - P.O. Box NOT acceptable) | 42 |
| President: | Ralph J. Friedmann | i.e: |
| Address: | 1900 Spring Road, #515 | |
| | Oak Brokk, IL 60304 | |
| Vice President: _ | W. Robert Dahl | + |
| Address: | 520 Madison Avenue | रेंग : |
| | New York, NY 10022 | |
| Secretary: | Walter S. Jin | uit: |
| Address: | 520 Madison Avenue | ŭ* ., |
| | New York, NY 10022 | **; • *** |
| Treasurer: | Walter S. Jin | ٠. |
| Address: | (Same address as above.) | T +-1 |
| | | . · · , |
| NOTE: If neces | sary, you may attach an addendum to the application listing additional officers and/or directors. | |
| 13. <u>//a</u> | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) | 177 |
| | | |
| 14 | Walter S. Jin, Secretary & Treasurer (Typed or printed name and capacity of person signing application) | ⊬ _T |

; State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INTELISTAF GROUP, 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 NINETEENTH DAY OF 23

OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

Edward J. Freel, Secretary of State

AUTHENTICATION: 0744798

DATE: 10-19-00

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