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CORPORATE ACCESS, INC.

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-16

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Georgia Association of Credit Management Inc.
(CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

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(CORPORATE NAME & DOCUMENT #)

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. GEORGIA ASSOCIATION OF CREDIT MANAGEMENT, INC.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. GEORGIA
(State or country under the law of which it is incorporated)

3. 58-0145150
(FEI number, if applicable)

4. JULY 31, 1906
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date corporation first conducted Affairs in Florida - *See sections 617.1501, 617.1503, and 617.153, F.S.*)

7. 4187 N E EXPRESSWAY, ATLANTA, GA 30340
(Principal office address)

P O BOX 29429, ATLANTA, GA 30359
(Current mailing address)

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8. BUSINESS CREDIT SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: BENJAMIN FELDER, ESQ

Office Address: KASS, SHULER ET AL
1505 N. FLORIDA AVE.
TAMPA, FLORIDA (City). Florida 33601 (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.

(Registered agent's signature)

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:**

A. DIRECTORS

Chairman: CYNTHIA SMITH

Address: 4187 NE EXPRESSWAY, ATLANTA, GA. 30340

Vice Chairman: CRAIG BERLIN

Address: 4187 NE EXPRESSWAY, ATLANTA, GA. 30340

Director: JOEL BONDS

Address: 4187 NE EXPRESSWAY, ATLANTA, GA. 30340

Director: CAROL BRANCH

Address: 4187 NE EXPRESSWAY, ATLANTA, GA. 30340

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B. OFFICERS

President: MICHAEL P RYAN

Address: 4187 NE EXPRESSWAY, ATLANTA, GA. 30340

Vice President:

Address:

Secretary: DONNA OWENS

Address: 4187 NE EXPRESSWAY, ATLANTA, GA. 30340

Treasurer:

Address:

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. MICHAEL P. RYAN, PRESIDENT
(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : J004830
DATE INC/AUTH/FILED: 07/31/1905
JURISDICTION : GEORGIA
PRINT DATE : 12/27/2000
FORM NUMBER : 211

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TALLAHASSEE, FLORIDA

LIBERTY CORPORATE SERVICES, INC.
JANE MALONEY
828 COBB PARKWAY NORTH
MARIETTA, GA 30062

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

GEORGIA ASSOCIATION OF CREDIT MANAGEMENT, INC.
A GEORGIA NON-PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox
Secretary of State