## CT COFFORATION ST' 000000081

CORPORATION(S) NAME		
Professional Data Management	Associates, Inc.	
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		100003527241 -01/08/0101069006
		*****70.88 *****70.8
		·
(*Profit	() Amendment	() Merger
() Nonprofit () Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership	() Annual Report	() Other
()LLC	() Name Registration () Fictitious Name	() Change of RATE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
() Certified Copy	() Photocopies	() CUS SEE & II
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In () Mail Out	() Will Wait	(x) Pick Up
Name	1/8/01	Order#: 3502881
Availability  Document  Examiner  Updater		Ref#:
Verifier W.P. Verifier		Amount: \$  Amount: \$  AMASSEE, FLAMING CORPORATION COR
	$\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}}}}}}}$	CEIVED  1-8 MIII: III  SENT OF STATE CORPORATIONS ASSEE, FLEWIDA

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FOI	E WITH SECTION 607.1503, FLORIDA STATUT. REIGN CORPORATION TO TRANSACT BUSINI	ES, THE FOLLOWING IS SUBMITTED T ESS IN THE STATE OF FLORIDA.		
1 Professional Dat	ta Management Associates, Inc.		4-1	
(Name of corpor	ration; must include the word "INCORPORATED", "C iations of like import in language as will clearly indica r partnership if not so contained in the name at present	ine that it is a corporation distance of a c	THE RESTAN	
2. Indiana		Applied For		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	P	
	T)			
4. <u>December 20, 2</u>		Year corp. will cease to exist or "perpetual")	<del></del>	
(Date	e of incorporation) (Duration:	Year corp. win cease to exist of perpendit		
6. January 9, 2001	, ·		<del></del> .	
6. January 9, 2001	1 t transacted business in Florida.) (SEE SECTIONS 60°	7.1501, 607.1502 and 817.155, F.S.)	• • •	
7. 9229 Delegates	s Row, Suite 400, Indianapolis, Indiana 46240			
(Current mailing address)				
(Current maring address)				
	_			
8. provide service	es and products to life insurance companies	1 i aut in etete of Florida)		
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)				
9. Name and str	reet address of Florida registered agent: (P.O.	Box or Mail Drop Box NOT acceptable)		
Name:	C T Corporation System		_	
ivanic.		· · · · · · · · · · · · · · · · · · ·	•	
Office Address	1200 South Pine Island Road			
Office Federoss.				
	Plantation	, Florida, <u>33324</u> (Zîp code)		
		(Zîp code)		
10. Registered	agent's acceptance:	, <u>-</u>		
_		The state of the place	a decianated in	
this application, in with the provision	ned as registered agent and to accept service of proce I hereby accept the appointment as registered agent a ns of all statutes relative to the proper and complete p f my position as registered agent.  C T Corporation System  Registered agent's signal			
11. Attached is a Department of St	a certificate of existence duly authenticated, not more tate, by the Secretary of State or other official having c	han 90 days prior to delivery of this application ustody of corporate records in the jurisdiction t	to the ander the law of	

which it is incorporated.

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: Timothy L. Wagner	9
Address: 9229 Delegates Row, Suite 400, Indianapolis, Indiana 46240	Part 1
	70 % O
Vice Chairman:	R. C. T.
Address:	(m 198 🔥
Director:	.)
Address:	<b>a</b> .
	A
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: Timothy L. Wagner	<b>y</b>
Address: 9229 Delegates Row Suite 400 Indiagonalis Indiago 46240	
Vice President. Not Applicable	<u> </u>
Vice President: Not Applicable	
Address:	<u> </u>
	-q
Secretary: Timothy L. Wagner	
Address: 9229 Delegates Row, Suite 400, Indianapolis, Indiana 46240	
Freasurer: Timothy L. Wagner	
Address: 9229 Delegates Row, Suite 400, Indianapolis, Indiana 46240	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· · · · · · · · · · · · · · · · · · ·
NOTE: If necessary, you may attach an addendum to the application listing additional officers	s and/or directors.
3. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	411:
(Signature of Chairman, vice Chairman, or any officer fisted in number 12 of 4. Timothy L. Wagner, President	the application)
(Typed or printed name and capacity of person signing appl	ication)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE



To Whom These Presents Come, Greeting:

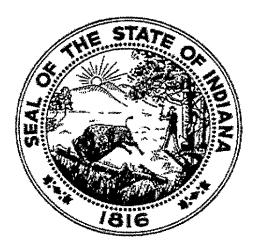
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper office to execute this certificate.

I further certify that records of this office disclose that

## PROFESSIONAL DATA MANAGEMENT ASSOCIATES, INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 20, 2000, and was in existence or authorized to transact business in the State of Indiana on January 4, 2001.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Fourth day of January, 2001.

SUE ANNE GILROY, Secretary of State

Sue anne Gilray