

CT CORPORATION SYSTEM

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FILED
01 MAY 22 PM 2:52
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

PFS Financing Corp.

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-05/22/01--01107--016
*****70.00 *****70.00

<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/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

5/22/01

Order#: 4076606

BK

Ref#: _____

Amount: \$ _____

(Handwritten signature)

RECEIVED
01 MAY 22 PM 12:28
DIVISION OF CORPORATION
(Handwritten number 6)

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 WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. PFS FINANCING CORP.

(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. Missouri

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

3. 43-1659615

(FEI number, if applicable)

4. 11/22/1993

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 333 West 11th Street, Kansas City, MO 64105

(Principal office address)

same

(Current mailing address)

Financing Company

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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, 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.

By: _____

C T Corporation System

(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Bryan J. Andres
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bryan J. Andres, Vice President, Finance
(Typed or printed name and capacity of person signing application)

PFS FINANCING CORP.

	OFFICE ADDRESS	RESIDENCE
OFFICERS:		
PRESIDENT		
	Thomas Joseph Charbonneau 333 West 11 th Street, Suite 100 Kansas City, MO 64105	6411 Hilside Shawnee, KS 66218
SECRETARY/TREASURER		
	Norene Faye Darveaux 333 West 11 th Street, Suite 100 Kansas City, MO 64105	1200 West Nettleton Independence, MO 64050
EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER		
	Michael Stephen Gallagher 333 West 11 th Street, Suite 100 Kansas City, MO 64105	5352 Albervan Shawnee, KS 66216
VICE PRESIDENT, FINANCE		
	Bryan Jay Andres 333 West 11 th Street, Suite 100 Kansas City, MO 64105	5011 McCoy Shawnee, KS 66226
VICE PRESIDENT		
	Frank Mauer Pruett	516 West 119 th Terrace Kansas City, MO 64145
ASSISTANT SECRETARY		
	Brian Daniel Blancs	11529 Parkhill
	Frank Mauer Pruett	516 West 119 th Terrace Kansas City, MO 64145
DIRECTORS:		
	Thomas Joseph Charbonneau 333 West 11 th Street, Suite 100 Kansas City, MO 64105	6411 Hilside Shawnee, KS 66218
	Frank Mauer Pruett	516 West 119 th Terrace Kansas City, MO 64145
	Med David James III	12621 Wenonga Leawood, KS 66206

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

No. 00388401

STATE OF MISSOURI



Matt Blunt
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 22 PM 2:30
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CORPORATION DIVISION

CERTIFICATE OF CORPORATE GOOD STANDING

I, MATT BLUNT, Secretary of State of the State of Missouri,
do hereby certify that the records in my office and in my
care and custody reveal that
PFS FINANCING CORP.

was incorporated under the laws of this State on the 22nd
day of NOVEMBER, 1993, and is in good standing, having fully
complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my
hand and imprinted the GREAT SEAL of
the State of Missouri, on this, the
9th day of APRIL, 2001.


Secretary of State

