

FO1000003330
TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

WJD

MJH

SUBJECT: JAM CONSULTANTS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

000004432700--5
-06/20/01--01071--006
*****78.75 *****78.75

WESLEY D SCHROCK
(Name of Person)

JAM CONSULTANTS, INC.
(Firm/Company)

P.O. Box 738
(Address)

ALEXANDRIA IN 46001
(City/State and Zip code)

For further information concerning this matter, please call:

WESLEY D SCHROCK at (765) 724-7931
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
01 JUN 20 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. JAM CONSULTANTS, 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. INDIANA 3. 35-1809432
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9-10-90 5. Perpetual
(Date of incorporation) (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. 110 N. HARRISON ST. ALEXANDRIA, IN. 46001
(Principal office address)
P.O. BOX 738 ALEXANDRIA, IN. 46001
(Current mailing address)
8. Correspondant lender
(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 S. PINE ISLAND RD.
Plantation, Florida 33324
(City) (Zip code)

FILED
01 JUN 20 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Barbara A. Burke

(Registered agent's signature)

BARBARA A. BURKE
SPECIAL 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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: LOWELL J. VOLMER

Address: 110 N. HARRISON ST.

ALEXANDRIA IN 46001

Vice Chairman: JANE A. MARTIN

Address: 110 N. HARRISON ST.

ALEXANDRIA IN 46001

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JANE A. MARTIN

Address: 110 N. HARRISON ST.

ALEXANDRIA IN 46001

Vice President: CEO LOWELL J. VOLMER

Address: 110 N. HARRISON ST

ALEXANDRIA, IN 46001

Secretary: WESLEY D SCHROCK

Address: 110 N. HARRISON ST ALEXANDRIA, IN 46001

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. WESLEY D SCHROCK, SECRETARY

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

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

To Whom These Presents Come, Greeting:

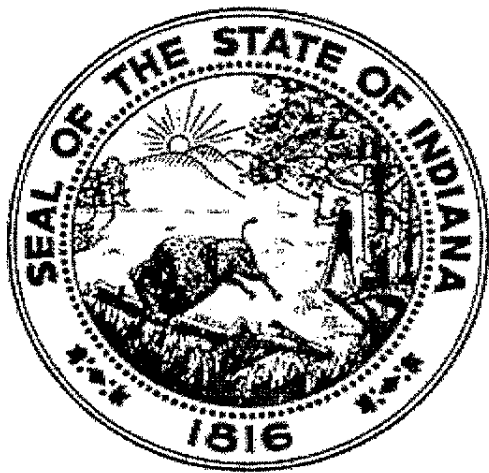
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper office to execute this certificate.

I further certify that records of this office disclose that

J A M CONSULTANTS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 10, 1990, and was in existence or authorized to transact business in the State of Indiana on June 18, 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 Eighteenth day of June, 2001.

Sue Anne Gilroy

SUE ANNE GILROY, Secretary of State