12301 O 10000 3905 FILING COVER ACCT. #FCA-14 **CONTACT:** CINDY HICKS DATE: 3. 761 **REF. #:** CORP. NAME: CORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ARTICLES OF INCORPORATION () TRADEMARK/SERVICE MARK () ANNUAL REPORT () FICTITIOUS NAME (X) FOREIGN QUALIFICATION () LIMITED LIABILITY () LIMITED PARTNERSHIP) REINSTATEMENT () WITHDRAWAL () MERGER ()UCC-3 () CERTIFICATE OF CANCEELATION () OTHER: *****70.00 *****70.00 STATE FEES PREPAID WITH CHECK# 15884 FOR \$ 70. AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: COST LIMIT: \$ PLEASE RETURN: PLAIN STAMPED COPY () CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () CERTIFICATE OF STATUS Examiner's Initials

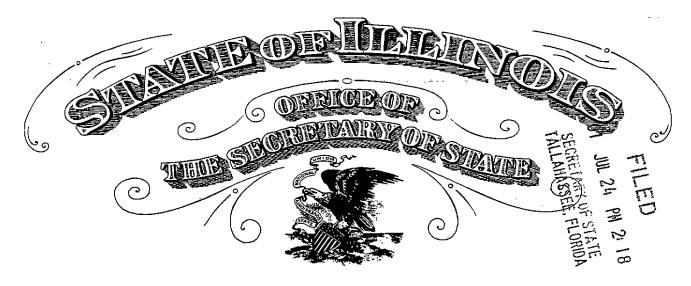
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 60: REGISTER A FOREIGN CORPORATION			ED TO
Great Northern Financial Corporation	on	•	部と加
(Name of corporation; must include the words or abbreviations of like import in latural person or partnership if not so con	vord "INCORPORATED", "COM anguage as will clearly indicate th	at it is a corporation instead of a	FILED PY 2: 18
Illinois (State or country under the law of which		(FEI number, if applicable)	
4. 04/06/1995 (Date of incorporation)			"normativa!")
(Date of incorporation)	(Duration	rear corp. will cease to exist or	perpetual)
6. Upon qualification			
(Date first transacted business in Florida. (SEE	SECTIONS 607.1501, 607.1502		alification.")
7. 2850 Golf Road, Suite 403, Rolling N	•••		
	(Principal office address)		
2850 Golf Road, Suite 403, Rolling N			· · · · · · · · · · · · · · · · · ·
	(Current mailing address)		
 Mortgage Lending, Brokering, Service (Purpose(s) of corporation authority) Name and <u>street address</u> of Floridame: Name: NRAI Services, Inc. 	zed in home state or country to be		able)
Office Address: 526 E. Park Avenue			
Office Address. 320 E. Fair Wende	<u>.</u>	1"	
Tallahassee	, Flo		
(City)		(Zip code)	
10. Registered agent's acceptance: Having been named as registered agen designated in this application, I hereby further agree to comply with the providuties, and I am familiar with and acceptance. NRAI Services, Inc.	on accept the appointment as regions of all statutes relative to	gistered agent and agree to act the proper and complete perfor	in this capacity. I
Kate Lane, As 11. Attached is a certificate of existence the Department of State, by the Secreta under the law of which it is incorporate	ry of State or other official hav	than 90 days prior to delivery oring custody of corporate record	of this application to s in the jurisdiction

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

A. DIRECTORS Chairman: Curt Van Peenen Address: 2850 Golf Road, Suite 403 Rolling Meadows, Illinois 60008 Vice Chairman: Joseph Lagioia Address: 2850 Golf Road, Suite 403 Rolling Meadows, Illinois 60008 Director: Michael Aronson Address: 2850 Golf Road, Suite 403 Rolling Meadows, Illinois 60008 Director: Gary Byrne Address: 2850 Golf Road, Suite 403 Rolling Meadows, Illinois 60008 **B. OFFICERS** President: Curt Van Peenen Address: 2850 Golf Road, Suite 403 Rolling Meadows, Illinois 60008 Vice President: Joseph Lagioia, Michael Aronson, Gary Byrne, Laureena Lagioia, Stacey Van Peenen Address: 2850 Golf Road, Suite 403 Rolling Meadows, Illinois 60008 Secretary: GARY ByRne Address: 2850 Golf Rodd, Suite 403, Rolling Meadows, ILCO008 Treasurer: Gary Byrne Address: 3850 Golf Road, Suite 403, Rolling Meadows, Illinois 60008 **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) GARY Byrne. Director/Exec. VP/CFO/Secretary (Typed or printed name and capacity of person signing application)

File Number 5828-286-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



Desse White

SECRETARY OF STATE