

ACCOUNT NO.

072100000032

REFERENCE

388269

AUTHORIZATION

COST LIMIT \$ 70.00

ORDER DATE: December 17, 2001

ORDER TIME: 11:22 AM

ORDER NO. : 388269-005

CUSTOMER NO:

7233345

000004730500--8

CUSTOMER: Mr. Thomas R. Schoenig Mr. Thomas R. Schoenig

3601 Algonquin Road

Suite 500

Rolling Meadows, IL 60008

## FOREIGN FILINGS

NAME:

NORTHWEST COLLECTORS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder -- EXT# 1118

EXAMINER:

## TRANSMITTAL LETTER

_	tion Section		TO STEEL OF ST	
Division	of Corporations		原第 建	
SUBJECT: NO	ORTHWEST COLLECTORS INC.		7007	
	(Name of corporation -	- must include suffix)	<b>夏州</b> 子	
Dear Sir or Mada	am:			
	pplication by Foreign Corporation for Au xistence", and check are submitted to regions in Florida.			
_	correspondence concerning this matter to	the following:		
	(Name of Pe	erson)		
NERTHI	west Collectors Inc			
	(Firm/Comp.	pany)		
3601 AL	gon our Rd Sures	50°D		
	(Address	s)	_	
Rolling	Mondous IL 60008			
(City/State and Zip code)				
	mation concerning this matter, please call	l <b>:</b>		
(Name of Person) at (847) 255-8300 (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
		_		
STREET ADDR Registration Sect Division of Corpo 409 E. Gaines St. Tallahassee, FL	ion R orations D	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314		
Enclosed is a che	ck for the following amount:			
□ \$70.00 Filing	Fee	Certified Copy	887.50 Filing Fee, Certificate of Status & Certified Copy	

APPLIC		TION FOR AUTHORIZATION TO T	RANSACT
•	BUSINES	SS IN FLORIDA	<u>,</u>
		A STATUTES, THE FOLLOWING IS SUBMA T BUSINESS IN THE STATE OF FLORIDA	和多一
1. NORTHWEST	COLLECTORS INC.		Service of the servic
words or abbre		ATED", "COMPANY", "CORPORATION" or arly indicate that it is a corporation instead of a at present.)	FLORIDE STATE
2. ILLINOIS		3. <u>36-2691365</u>	<del></del>
(State or count	try under the law of which it is incorporated)	(FEI number, if applicable)	
4. AFRIL	6,1970	5. Perterval	
(Da	te of incorporation)	(Duration: Year corp. will cease to exist or "	perpetual")
6.	upou ovalinication		
(Date first trans	(SEE SECTIONS 607.15	not transacted business in Florida, insert "upon qua 501, 607.1502 and 817.155, F.S.)	,
7. 3601	ALGONAUIL Rd SVITE	500 Rolling Meadows, IL	60008
3601	ALgonovin Rd Sure	500 Rolling Mandows, IL address) 500 Rolling Mendows IL	6008
	(Current mailing a		
8. <u>(</u> C	Mecrim agency		
(Purpose	(s) of corporation authorized in nome state or	country to be carried out in state of Florida)	
9. Name and st	reet address of Florida registered agen	at: (P.O. Box or Mail Drop Box NOT accepta	able)
Name:	Corporation Service Company	<u></u>	
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	
10. Registered :	agent's acceptance:		
Having been na	med as registered agent and to accept se	rvice of process for the above stated corpora	
		ntment as registered agent and agree to act i	
	comply with the provisions of all statute familiar with and accept the obligations	es relative to the proper and complete perfort s of my position as registered agent.	nance of my
	Corponation Service Commany	1/2	
	Kamont III	1 KM07	
	(Registered agent's	s signature)	
11 Attached is A	MAMONT W. JONES, ASSISTANT VP	ed, not more than 90 days prior to delivery of	this application to
the Department	of State, by the Secretary of State or other	r official having custody of corporate records	
ander me taw of	which it is incorporated.		

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: George D. CROWFORD
Address: 36/3 E. Loille shope In
Worderlake Il 60097
Vice Chairman: Throng R Schoenig
Address: 903W, River TORR
McKerry IL 60050
Director: Judian M. Schoenia
Address: 903 W. Rivertori
McHarry IL 60050
Director: Los A. Rawford
Address: 3613 E. Lalleshone Dr
Wondenlake, IL 60097
B. OFFICERS
President: Thomas R. Schoenia
Address: 903 W. River Torn
Moderny It 60050
Vice President: Cronge Paurond
Address: 36B C. Lake showe Dn
Worden Labe II 60097
Secretary: Judin M. Schoolig
Address: 903 W. Riven Tray Molenny 11 GOCST)
Treasurer: LOIS A CROWF-ORW
Address: 3613 & Calca Strong Dn Wonden Lake IL 60097
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. (Typed or printed name and capacity of person signing application)

File Number 4964-635-6



## To all to whom these Presents Shall Come, Greeting:

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



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this \_\_\_\_\_\_ 3RD day of \_\_\_\_ DECEMBER A.D. 2001

Desse White