

CT CORPORATION SYSTEM

FOI 000006443

CORPORATION(S) NAME

Recall Total Information Management, Inc.

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FILED
01 DEC 18 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

600004730586--J
-12/18/01--01045--006
*****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		

RECEIVED
01 DEC 18 PM 1:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

12/18/01

Order#: 4988348

Ref#: _____

Amount: \$ _____

BK

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

A CCH LEGAL INFORMATION SERVICES COMPANY

**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. Recall Total Information Management, 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. Delaware

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

3. 36-3795227

(FEI number, if applicable)

4. 10/31/1991

(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. 400 N. Michigan Ave., Chicago, IL 60611

(Principal office address)

same

(Current mailing address)

Records Management, storage and destruction

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: Christine M. Eastwine
(Registered agent's signature)

Christine M. Eastwine
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 SEE ATTACHMENT

Chairman: H. Victor Mendes

Address: 555 North Point Center East

Alpharetta, GA 30022

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS SEE ATTACHMENT

President: Alfredo Trujillo

Address: 6111 Live Oak Parkway

Norcross, IL 60611

Vice President: David J. Webster

Address: 400 N. Michigan Ave.

Chicago, IL 60611

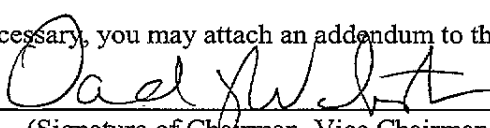
Secretary: David J. Webster

Address: 400 N. Michigan Ave. Chicago, IL 60611

Treasurer: David J. Webster

Address: 400 N. Michigan Ave. Chicago, IL 60611

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. David J. Webster, Vice President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Attachment to Florida
 Application By Foreign Corporation for Authorization to Transact Business In Florida
Officers & Directors

- | | | |
|----|---|---|
| 1. | Full Name:
Officer/Director:
Director's Title:
Business Address:
City:
State:
ZIP Code: | H. Victor Mendes
Officer, Director
Chairman
555 North Point Center East
Alpharetta
GA
30022 |
| 2. | Full Name:
Officer/Director:
Business Address:
City:
State:
ZIP Code: | Alfredo Trujillo
Officer, Director
6111 Live Oak Parkway
Norcross,
IL
60611 |
| 3. | Full Name:
Officer/Director:
Business Address:
City:
State:
ZIP Code: | Arnaldo Pala
Officer
6111 Live Oak Parkway
Norcross
GA
30093 |
| 4. | Full Name:
Officer/Director:
Business Address:
City:
State:
ZIP Code: | David J. Webster
Officer, Director
400 N. Michigan Ave.
Chicago
IL
60611 |
| 5. | Full Name:
Officer/Director:
Business Address:
City:
State:
ZIP Code: | David J. Webster
Officer
400 N. Michigan Ave.
Chicago
IL
60611 |
| 6. | Full Name:
Officer/Director:
Business Address:
City:
State:
ZIP Code: | Gerard M. Legtmann
Officer, Director
400 N. Michigan Ave.
Chicago
IL
60611 |
| 7. | Full Name:
Officer/Director:
Business Address:
City:
State:
ZIP Code: | Janice L. Iwanowski
Officer
400 N. Michigan Ave.
Chicago
IL
60611 |

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RECALL TOTAL INFORMATION MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF DECEMBER, A.D. 2001. . .

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
01 DEC 18 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2277603 8300

AUTHENTICATION: 1503957

010642441

DATE: 12-14-01