

F010000006641

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2032238-6
(Sub Account)

DATE: 12-31-01

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: Access Amenities, Inc.

DOCUMENT NUMBER: File Foreign Corp.
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

- ☐ CERTIFIED COPY (1-9)
- ☐ CERTIFICATE OF STATUS (1-9)
- ☒ PLAIN STAMPED COPY

000004745200--8

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:00 |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

FILED
01 DEC 31 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 DEC 31 PM 12:53
TALLAHASSEE, FLORIDA
DIVISION OF STATE RECORDS

F01-6641
QR

**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. Access Amenities, 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 3. 36-4367655
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 25, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. c/o Ann M. Schneider, 2 N. Riverside Plaza, #1600, Chicago, IL 60606

(Current mailing address)

8. provides access to services and amenities to customers
(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: Lexis Document Services Inc.

Office Address: 3953 W.W. Kelley Road

Tallahassee, Florida, 32311
(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.

x Anthony J. Mackay, asst sec., Lexis
(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

01 DEC 31 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: SEE ATTACHED LIST

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SEE ATTACHED LIST

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
01 DEC 31 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. X Stanley M Stevens
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Stanley M. Stevens, Vice President
(Typed or printed name and capacity of person signing application)

Access Amenities, Inc.

DIRECTORS

Timothy H. Callahan **Director**

Primary Address: 2 N. Riverside Plaza
Chicago, Illinois 60606

Richard D. Kincaid **Director**

Primary Address: 2 N. Riverside Plaza
Chicago, Illinois 60606

Stanley M. Stevens **Director**

Primary Address: 2 N. Riverside Plaza
Chicago, Illinois 60606

OFFICERS

Timothy H. Callahan **President**

Primary Address: 2 N. Riverside Plaza
Chicago, Illinois 60606

David Helfand **Vice President**

Primary Address: 2 N. Riverside Plaza
Chicago, Illinois 60606

Richard D. Kincaid **Vice President**

Primary Address: 2 N. Riverside Plaza
Chicago, Illinois 60606

Stanley M. Stevens **Vice President/Secretary**

Primary Address: 2 N. Riverside Plaza
Chicago, Illinois 60606

Richard D. Kincaid **Treasurer**

Primary Address: 2 N. Riverside Plaza
Chicago, Illinois 60606

FILED
01 DEC 31 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

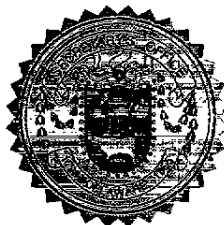
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCESS AMENITIES, 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCESS AMENITIES, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2000.

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



3217919 8300

010672500

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1530065

DATE: 12-28-01