

CT CORPORATION

F02000000284

CORPORATION(S) NAME

CBIZ Restructuring Group, Inc.

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FILED
02 JAN 17 PM 2:54
TALLAHASSEE, FLORIDA
DIVISION OF STATE CORP. REGISTRATION

BK

RECEIVED
02 JAN 17 AM 11:30
DIVISION OF CORPORATION

- | | | |
|--|---|---|
| <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 |
| <hr/> | | |
| <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 | | |

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

1/17/02

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Order# 600004781926--7
-01/17/02--01045--009
*****70.00 *****70.00

Ref#: _____

Amount: \$ _____

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

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: SEE ATTACHMENT

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Jerome P. Grisko, Jr.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jerome P. Grisko, Jr., President
(Typed or printed name and capacity of person signing application)

CBIZ Restructuring Group, Inc.
Directors and Officers

Jerome P. Grisko, Jr.
President & Sole Director
6480 Rockside Woods Blvd., Suite 330
Cleveland, OH 44131

David S. Azzolina
Treasurer
6480 Rockside Woods Blvd., Suite 330
Cleveland, OH 44131

Felicia P. Young
Assistant Treasurer
6480 Rockside Woods Blvd., Suite 330
Cleveland, OH 44131

Michael W. Gleespen
Secretary
6480 Rockside Woods Blvd., Suite 330
Cleveland, OH 44131

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TALLAHASSEE, FLORIDA

**UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.**

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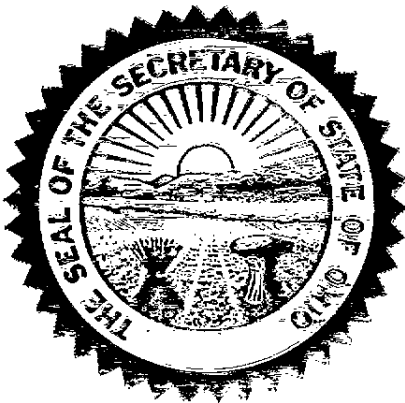
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show CBIZ RESTRUCTURING GROUP, INC., an Ohio corporation, Charter No. 1080053, having its principal location in Cleveland, County of Cuyahoga, was incorporated on June 1, 1999, and is currently in GOOD STANDING upon the records of this office.

WITNESS my hand and official seal

at Columbus, Ohio on

January 14, 2002



J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State