F0200000430

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		• • •
SUBJECT:INTEGRATED_ACTUAR	TAL SERVICES INC	. •
(Name of co	rporation - must include suffix)	-
Dear Sir or Madam:	000000	4797490
The enclosed "Application by Foreign Corpora" (Certificate of Existence", and check are submit to transact business in Florida.	ion for Authorization to E	∠3/UZU1030002 **87.50 *****
Please return all correspondence concerning thi	s matter to the following:	
Melissa Kavanagh		
(1)	ame of Person)	<u> </u>
Integrated Actuarial Service	es Inc	•
	rm/Company)	
700 West Granada Boulevard,	2 0	.
	(Address)	
Ormond Beach, FL 32174 (City	State and Zip code)	
For further information concerning this matter, p	lease call:	02 J
Melissa Kavanagh at ()	386) 673-1919	JAN 24
at (Area Code & Daytime Telephone Number	124
	S Suprime Pelephone Number	를 'TH'
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	======================================
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & X→ \$87.50 Filin Certified Copy Certificate Certified C	of Status &

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.

·			CONVESS IN THE STATE	OF FLORIDA.	
1. INTEGR	ATED ACTUARIAL SERVIC	ES INC	•	-	
WIGHT OF CI	Hillianni miet include the start			<u> </u>	
words or abl	prporation; must include the word "INo breviations of like import in language on or partnership if not so contained in	CORPORATE	D", "COMPANY", "CORPO	RATION" or	, 44, ray all 224
natural perso	on or partnership if not so contained in	as will clearly	indicate that it is a corporation	n instead of a	•
		т	Cociic.)	•	
2. <u>Illi</u>	nois				
(State or com	ntry under the law of which it is incorp	norstod)	36-3981554	<u> </u>	· 上, ^是 《漢·漢 ·靈 ·羅·
		porateu)	(FEI number,	if applicable)	
	/1994	· 5	perpetual		
(1	Date of incorporation)	J	Duration V		
6 1/1/0	20 1	'	Duration: Year corp. will ce	ease to exist or "pe	erpetual")
6. $\frac{1/1/0}{0}$	1 <u>Z</u>				_
(Date Hist Ha	nsacted business in Florida. If corpora (SEE SECTION	ation has not to	anno et all l		
	(SEE SECTION	NS 607.1501, 6	or.1502 and 817.155, F.S.)	insert "upon qual	ification.")
7. 700 w	est Granada Pari				
	est Granada Boulevard (Principa	1, #104, (Ormond Beach, FL	32174	·
	•	Zoo addico	<i>ا</i> ن		<u> </u>
700 W	est Granada Boulevard (Current	#104 6	<u> </u>		· · · ·
,	(Current	mailing address	rmond Beach, FL	32174	
•		manning address	s) 		
0 n = +		_	•		
o. Actual	rial Software and Cons	sulting		-	
(rurpos	e(s) of corporation authorized in home	e state or count	ry to be carried out in state of	CTI	
9. Name and st	tract add CTV	•	2 as as service out III 2/4/6 0	T LIOHGA)	
or reading and 31	treet address of Florida registere	ed agent: (P.	O. Box or Mail Drop Box	NOTE	`
Name:	Melissa Kavanagh		Diob Doy	MO Paccebiabl	e)
rvanie.	Ravailagn			ASS	11
Office Address	1601 N G				
- 1100 1 1ddi C35,	1601 N. Central Aven	ue, #202		. PA -	
e e				PESI FESI	
	Flagler Beach, FL 32	2136	Florida 32136	なる利	
	(City)		(Zip code)	7:.45 7ATE 3KIDA	
10. Registered	agent's acceptance:		•		
Having heen no	ngent's acceptance: med as registered agent and to acc is application, I hereby accept the				
designated in the	ic and to accept	cept service o	f process for the above of	otad	_
further soree to	complement at	e appointment	as registered agent and	ateu corporatioi	at the place
					us capacity. I
	familiar with and accept the oblig	igations of my	Position as registered and	piele periormai ont	ice of my
	•	•	- S-S-O-LOA CA AB	U416.	
•					·
	Melisin Kar.	7 1			
-	- William / WY	ing	<u> </u>	_	

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.

(Registered agent's signature)

12.	Names	and	business	addresses	of	officers	and/or	directors:
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A. DIRECTORS	
Chairman: Brian Kavanagh	un e-
Address: 219 Ocean Palm Drive, Flagler Beach, FL 321	74
Vice Chairman: Mel Stein	
Address: 207 N. St. Johns Drive, Richardson, TX 75	081
	· ·
Director: Brian Kavanagh	
Address: 219 Ocean Palm Drive, Flagler Beach, FL 3213	36
Director:	
Address:	
B. OFFICERS	
President: Brian Kavanagh	-
Address: 219 Ocean Palm Drive, Flagler Beach, FL 3213	-9
Vice President: Marc Pitoniak.	
Address:10244 Longmont Drive, Houston, TX 77042	
Secretary: Mary Kay Keating	2
Address: 219 Ocean Palm Drive, Flagler Beach, FL 3213 Treasurer: Melissa Kavanagh	6
Address: 1601 N. Central Avenue, #202, Flagler Beach,	FL 32136
NOTE: If necessary, you may attach an addendum to the application listing additional	I officers and/or directors.
13. Signature of Chairman Vice	· · · · · · · · · · · · · · · · · · ·
(Signature of Chairman, Vice Chairman, or any officer listed in number 14. Brian Kayanagh, Chairman	er 12 of the application)
14. Brian Kavanagh, Chairman (Typed or printed name and capacity of person signing application)	tion)
The second of Suring abbuild	iuon)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony	Where	of, 1,	. hereto se
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my hand and cause to be affixed the Feat Seal of the State of Illinois, this

day of ______ A.D. _____2002

Desse White