

CT C CORPORATION

F02000001175

FILED
02 MAR -6 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

OCMC, Inc.

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-03/05/02--01046--033
*****70.00 *****70.00

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of RA
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

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

3/6/02

Order#: 5165269

Ref#: _____ kf

Amount \$ _____
BR

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

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCMC, Inc.

(Name of corporation - must include suffix)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

**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. OCMC, 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. Indiana

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

3. 26-0005925

(FEI number, if applicable)

4. 01/10/2002

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qual

(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. 801 Congressional Boulevard, Carmel, IN 46032

(Principal office address)

same

(Current mailing address)

To engage in the telecommunications business.

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, Florida 33324

(City)

(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: _____

C T Corporation System

(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 business addresses of officers and/or directors:

A. DIRECTORS

SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Joseph A. Pence

Address: 801 Congressional Boulevard

Carmel, IN 46032

Director: Larry S. Wechter

Address: 801 Congressional Boulevard

Carmel, IN 46032

B. OFFICERS

SEE ATTACHMENT

President: Joseph A. Pence

Address: 801 Congressional Boulevard

Carmel, IN 46032

Vice President: _____

Address: _____

Secretary: Larry S. Wechter

Address: 801 Congressional Boulevard Carmel, IN 46032

Treasurer: Mark A. Speth

Address: 801 Congressional Boulevard Carmel, IN 46032

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. Joseph A. Pence, 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: Joseph A. Pence
 Officer/Director: Officer, Director
 Officer's Title: President & CEO
 Director's Title: Other Director
 Business Address: 801 Congressional Boulevard
 City: Carmel
 State: IN
 ZIP Code: 46032
2. Full Name: Mark A. Speth
 Officer/Director: Officer
 Officer's Title: Treasurer & CFO
 Business Address: 801 Congressional Boulevard
 City: Carmel
 State: IN
 ZIP Code: 46032
3. Full Name: Larry S. Wechter
 Officer/Director: Officer, Director
 Officer's Title: Secretary
 Director's Title: Other Director
 Business Address: 801 Congressional Boulevard
 City: Carmel
 State: IN
 ZIP Code: 46032
4. Full Name: Ann C. Bernard
 Officer/Director: Officer
 Officer's Title: Assistant Secretary
 Business Address: 801 Congressional Boulevard
 City: Carmel
 State: IN
 ZIP Code: 46032
5. Full Name: Ramon L. Humke
 Officer/Director: Director
 Director's Title: Other Director
 Business Address: 801 Congressional Boulevard
 City: Carmel
 State: IN
 ZIP Code: 46032
6. Full Name: Kevin E. Sheehan
 Officer/Director: Director
 Director's Title: Other Director
 Business Address: 801 Congressional Boulevard
 City: Carmel

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State:
ZIP Code:

IN
46032

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TALLAHASSEE, FLORIDA

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greeting:

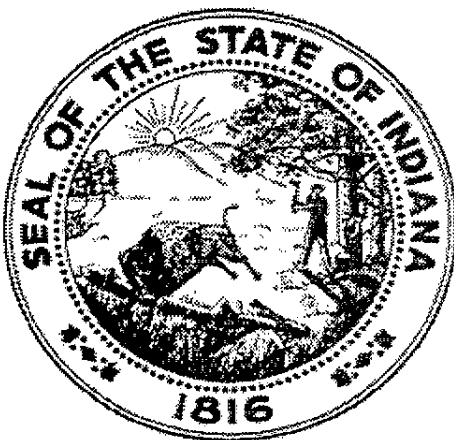
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of Indiana, the custodian of the corporate records and the proper office to execute this certificate.

I further certify that records of this office disclose that

OCMC, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 10, 2002, and was in existence or authorized to transact business in the State of Indiana on March 1, 2002.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this First day of March, 2002.

Sue Anne Gilroy

SUE ANNE GILROY, Secretary of State

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