

FO3 000001166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

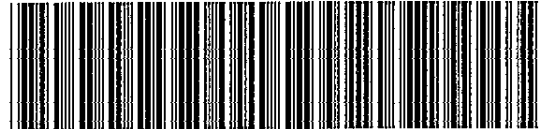
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FO3-1166
JR

per Kim



KEATING, MUETHING & KLEKAMP, P.L.L.

ATTORNEYS AT LAW

1400 PROVIDENT TOWER • ONE EAST FOURTH STREET • CINCINNATI, OHIO 45202-3752

TEL. (513) 579-6400 • FAX (513) 579-6457 • www.kmklaw.com

KIMBERLEY S. SMITH
DIRECT DIAL: (513) 579-6953
FACSIMILE: (513) 579-6457
E-MAIL: KSMITH@KMKLAW.COM

March 3, 2003

Via Federal Express

Florida Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Corporate Filings

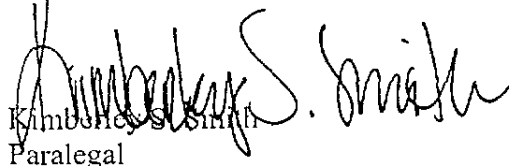
Dear Sir or Madam:

I enclose for filing with your office, in the order listed below, the following documents:

1. Application by Foreign Corporation for Withdrawal of Authority for Information Leasing Corporation and a check in the amount of \$35.00 for the required filing fee.
2. Application by Foreign Corporation for Authorization to Transact Business for Information Leasing Corporation and a check in the amount of \$70.00 for the required filing fee.

Please file the enclosed accordingly and return evidence of the filing to my attention using the self-addressed stamped envelope provided.

Sincerely yours,


Kimberley S. Smith
Paralegal

KSS:mrt

Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Information Leasing Corporation
(Name of corporation - must include suffix)

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:

Kimberley S. Smith
(Name of Person)
Keating, Muething & Kekamp P.L.L.
(Firm/Company)
1400 President Tower One E. 4th Street
(Address)
Cincinnati, Ohio 45202
(City/State and Zip code)

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For further information concerning this matter, please call:

Kim Smith at (513) 579-6953
(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:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$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. Information Leasing Corporation
(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. Ohio 3. 31-1000488
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/20/1981 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. previously filed FO-4965 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. One East Fourth Street, Cincinnati, OH 45202
(Principal office address)
same
(Current mailing address)
8. Leasing and financing of personal property and any and all other purpose or purposes permit by law.
(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
Carol Reed
(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

Chairman: Robert L. Hoverson

Address: One East Fourth Street

Cincinnati, OH 45202

Vice Chairman: _____

Address: _____

Director: Vincent D. Rinaldi

Address: One East Fourth Street

Cincinnati, OH 45202

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHMENT

President: Vincent D. Rinaldi

Address: One East Fourth Street

Cincinnati, OH 45202

Vice President: Mark E. Magee

Address: One East Fourth Street

Cincinnati, OH 45202

Secretary: Mark E. Magee

Address: One East Fourth Street Cincinnati, OH 45202

Treasurer: Christopher J. Carey

Address: One East Fourth Street Cincinnati, OH 45202

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. Anthony M. Stollings, Vice President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attachment to Florida

Officers & Directors

-
- | | | |
|----|-------------------|------------------------------|
| 1. | Full Name: | Vincent D. Rinaldi |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President |
| | Director's Title: | Other Director |
| | Business Address: | One East Fourth Street |
| | City: | Cincinnati |
| | State: | OH |
| | ZIP Code: | 45202 |
| 2. | Full Name: | Mark E. Magee |
| | Officer/Director: | Officer |
| | Officer's Title: | Vice President and Secretary |
| | Business Address: | One East Fourth Street |
| | City: | Cincinnati |
| | State: | OH |
| | ZIP Code: | 45202 |
| 3. | Full Name: | Christopher J. Carey |
| | Officer/Director: | Officer |
| | Officer's Title: | Treasurer |
| | Business Address: | One East Fourth Street |
| | City: | Cincinnati |
| | State: | OH |
| | ZIP Code: | 45202 |
| 4. | Full Name: | M.K. Alexander |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Secretary |
| | Business Address: | One East Fourth Street |
| | City: | Cincinnati |
| | State: | OH |
| | ZIP Code: | 45202 |
| 5. | Full Name: | Anthony M. Stollings |
| | Officer/Director: | Officer |
| | Officer's Title: | Sr. Vice President |
| | Business Address: | One East Fourth Street |
| | City: | Cincinnati |
| | State: | OH |
| | ZIP Code: | 45202 |

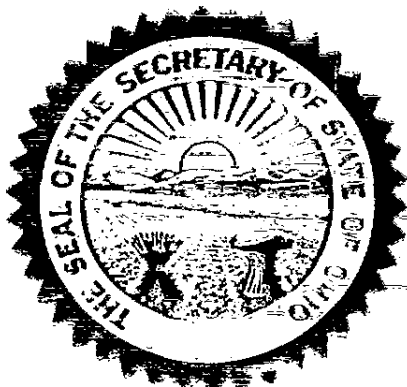
SECTION OF STATE
TALLAHASSEE, FLORIDA

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

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 INFORMATION LEASING CORPORATION, an Ohio Corporation, Charter No. 567813, having its principal location in Cincinnati, County of Hamilton, was incorporated on January 20, 1981, and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of February, A.D. 2003.

J. Kenneth Blackwell
Ohio Secretary of State