

F03 000002597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE
DEPARTMENT OF
REVENUE
TALLAHASSEE, FLORIDA

F03-2597

OR

RECEIVED

03 MAY 23 PM 1:06

STATE
DEPARTMENT OF
REVENUE
TALLAHASSEE, FLORIDA

CT CORPORATION

May 23, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5802254 WO
Customer Reference 1: Nuvell Financial Services
Customer Reference 2: Alexium Financial Service

Dear Secretary of State, Florida:

Please file the attached:

Alexium Financial Services, Inc. (DE)
Qualification
Florida

FILED
03 MAY 23 PM 2:04
TALLAHASSEE, FLORIDA

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

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

**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. Alexium Financial Services, 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. 03-0396217
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/08/2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 06/01/2003
(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. 17500 Chenal Parkway, Little Rock, AR 72223
(Principal office address)

same
(Current mailing address)

8. To engage in any lawful act or activity for which corporatins may be organized.
(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)

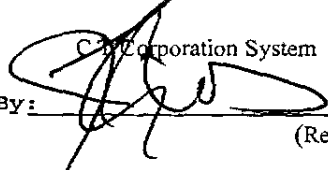
Name: c/o C T Corporation System

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.

C T Corporation System
By:  J. L. Miles, Asst. Secretary
(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: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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. Sylvia Borchert

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sylvia Borchert, Asst. Secretary

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

FILED
03 MAY 23 PM 2:01
STATE OF FLORIDA
TALLAHASSEE

ALEXIUM FINANCIAL SERVICES, INC.

Directors and Officers

Name: Jerome B. VanOrman, Jr., Director
Business Address/Phone: 200 Renaissance Center, Detroit, Michigan 48265-2000; 313-665-6266

Name/Title: Tommy E. Pritchard, Director and President
Business Address/Phone: 17500 Chenal Parkway, Suite 200, Little Rock, Arkansas 72223-9131; 501-821-8100

Name/Title: Linda I. Voss, Director and Treasurer
Business Address/Phone: 17500 Chenal Parkway, Suite 200, Little Rock, Arkansas 72223-9131; 501-821-8103

Name/Title: Cathy L. Quenneville, Secretary
Business Address/Phone: 200 Renaissance Center, Detroit, MI 48265-2000; 313-665-6301

Name/Title: Sylvia L. Borchert, Assistant Secretary
Business Address/Phone: 17500 Chenal Parkway, Suite 200, Little Rock, Arkansas 72223-9131; 501-821-8110

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03 MAY 23 PM 2:04

CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

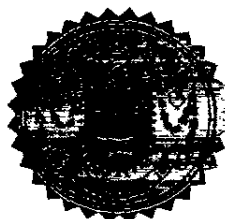
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALEXIUM FINANCIAL SERVICES, 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 SEVENTH DAY OF MAY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



3490029 8300

030296682

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2404436

DATE: 05-07-03