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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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### TRANSMITTAL LETTER

Division of Corporations						
SUBJECT: PCS Administration (USA) Inc.						
(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:						
Valerie Vito						
(Name of Person)						
Totash Copp						
(Firm/Company)						
1101 SKOKIE Boulevard Soute 400						
(Address)						
Northbrook, I Looded = == =						
(City/State and Zip code)						
in compared to the compared to						
For further information concerning this matter, please call:						
Valerie Vito at 1849 - 4270 55						
(Name of Person) (Area Code & Daytime Telephone Number)						
STREET ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section Division of Corporations Division of Corporations						
Division of Corporations  409 E. Gaines St.  Division of Corporations  P.O. Box 6327						
Tallahassee, FL 32399 Tallahassee, FL 32314						
Enclosed is a check for the following amount:						
\$70.00 Filing Fee \$\Boxed{\sigma} \$78.75 Filing Fee & \$\Boxed{\sigma} \$78.75 Filing Fee & \$\Boxed{\sigma} \$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.							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")						
	(If name unavailable in Florida, enter alternate corporate nam	ie :	adopted for the purpose of transacting business in Florida)				
_	•		52-2111626				
2.	(State or country under the law of which it is incorporated)	э.	(FEI number, if applicable)	•			
À		ς .	Perpetual				
٠.	(Date of incorporation)	٠.	(Duration: Year corp. will cease to exist or "perpetual")				
6	5 unknown						
(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	7, 1101 Skokie Boulevard, Suite 400, Northbrook, IL 60062		An a	-			
	(Principal office address)						
	Some Ac Above						
	(Current mailing address)						
				- <del> </del>			
8	8. Group administration and benefits						
	(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: CT Corporation System						
C	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: Millall Son (Registered agent's signature) Michael J. Smith Assistant Secretary

- 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:

# 12. Names and business addresses of officers and/or directors: A. DIRECTORS Director: Director: Address: **B. OFFICERS** Vice President: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

PAGE 1

## Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PCS ADMINISTRATION (USA), 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 TWENTY-FIFTH DAY OF SEPTEMBER, 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.



Warriet Smith Hindson

marriet sinitit vyindsor, secretary of state

AUTHENTICATION: 2655038

DATE: 09-25-03

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