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TRANSMITTAL LETTER

	egistration Sectio						
SUBJEC	T: Estate Info	rmation Services, Inc					
		(Name of co	orporation	ı - must include suffix))		
Dear Sir o	r Madam:						
"Certificat	sed "Application te of Existence", a business in Flori	and check are subm	ation for A	authorization to Transagister the above refere	act Business in enced foreign c	Florida orporat	a", ion
Please retu	ırn all correspond	lence concerning thi	is matter t	o the following:			
		Cı	risty Hall				
		C	Name of I	Person)			
		Corne	rstone Sup	port, Inc.			
		(Finn/Com	pany)			
		16 No	orcross St.	Suite 101	₹	Φ.	
			(Addre	ss)	ES	<u>-11</u>	
		Ro	swell, GA	30075	美拉	9	
		(Cit	y/State ar	nd Zip code)	SHY C	0 73	HLED
For further information concerning this matter, please call:				OFIDA OFIDA	NY 12: 43		
Crist	y Hall	at (_		770-587-4595			
(1)	Name of Person)	, , , , , , , , , , , , , , , , , , , 	(Area C	ode & Daytime Teleph	none Number)	-	
Registration of 409 E. Gai	f Corporations			MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	ons		
Enclosed is	is a check for the	following amount:					
\$70.00	Filing Fee 🔼	\$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified Copy	S87.50 F Certifica Certifie	ate of S	tatus &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE 97TH SECTION 60 7.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	Information Services, Inc.					
			ED'', "COMPANY", "CORPORATION" or y indicate that it is a corporation instead of a			
	or partnership if not so contained in the n					
OH	•		•			
*·	y under the law of which it is incorporate	3,	(FEI number, if applicable)		,	
(State of country	y under the law of which it is incorporate	XI)	(FEI number, II applicable)			
4, <u>6/20/99</u>		5.	Perpetual			
(Da	ate of incorporation)		(Duration: Year corp. will cease to exist or "pe	erpetual	(")	
6, upon quali	fication					
(Date first trans			t transacted business in Florida, insert "upon qual 1, 607.1502 and 817.155, F.S.)	ificatio	n.")	
7. 5330 E. Mai	n St., Suite 200		Columbus	OF	I 432	13
	(Principal off	ice ado	dress)			
	(Current mail	ing add	iress)			
				₹	0	
8. Debt Colle	ection_			Eğ	ابات 	
(Purpose	(s) of corporation authorized in home sta	te or co	ountry to be carried out in state of Florida)		8	
9. Name <u>and str</u>	reet address of Florida registered a	igent:	(P.O. Box or Mail Drop Box NOT acceptate	72≧ 14e)	04 FEB 10 PH12:43	FILED
Name:	Corporation Service Company				- TO	0
Office Address:	1201 Hays Street			글 -	<u>ئ</u> ا :2	
Office Hadress.				>***	CO.	
	Tallahassee		, Florida <u>32301</u>			
	(City)		(Zip code)			
	agent's acceptance: ned as registered agent and to accen	i serv	ice of process for the above stated corporat	ion at	the pl	ace

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.

Maureen Cullen, Asst. Vice-President (Registered agent's signature)

I 1. 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:				
Address:	· · · · · · · · · · · · · · · · · · ·			
Vice Chairman:				
Address:				
Director: See Attached List				
Address:				
Director:				
Address:				
			٦̈́ç	<u> </u>
B. OFFICERS			LAHA!	FEB -
President: See Attached List of Officers				<u> </u>
Address:		***************************************	<u>5</u> %	- 3
				====
Vice President:				<u> </u>
Address:				
Secretary:				
Address:			<u>.</u>	
Treasurer:				
Address:	···-			
NOTE: If necessary, you may attach an addendum to	the application li	sting additional offic	cers and/or directo	ors
•	_			
13. Janet Junnel Signature of Chairman, Vice Chair	man, or any officer	r listed in number 12	of the application)
14. Janet Gunnell, Programme and	csident e capacity of person	CEO n signing application)	

Estate Information Services, Inc.

LIST OF OFFICERS / DIRECTORS

PRESIDENT / DIRECOTOR

Janet Gunnell 5330 E. Main St., Suite 200

Columbus

OH

43213

614-322-2758

VICE PRESIDENT / DIRECTOR

Kelly Reynolds 5330 E. Main St., Suite 200

Columbus OH

43213

614-322-2758

SECHETARY OF STATE

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 ESTATE INFORMATION SERVICES, INC., an Ohio Corporation, Charter No. 1169318, having its principal location in Columbus, County of Franklin, was incorporated on July 13, 2000, 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 29th day of January, A.D. 2004.

Ohio Secretary of State

Validation Number: 200402802530