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**FOREIGN PROFIT QUALIFICATION**

Aspen Marketing Services, Inc.

Certificate of Status	0
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**F04-5366**  
*[Signature]*

# 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. Aspen Marketing Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

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

3. 95-3653850

(FEI number, if applicable)

4. 08/02/2004

(Date of incorporation)

5. Perpetual

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

6. 09/15/2004

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and §17.155, F.S.)

7. 1240 North Avenue, West Chicago, IL 60185

(Principal office address)

same

(Current mailing address)

8. See Attachment

(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

Office Address: c/o CT Corporation System, 1200 South Pine Island

Plantation

(City)

, Florida

33324

(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.

CT Corporation System

By: Jennifer Quinn

(Registered agent's signature)

JENNIFER QUINN ASST SECY

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: Patrick O'RahillyAddress: 1240 North AvenueWest Chicago, IL 60185Director: Cathy LangAddress: 1240 North AvenueWest Chicago, IL 60185**B. OFFICERS** *SEE ATTACHMENT*President: Patrick O'RahillyAddress: 1240 North AvenueWest Chicago, IL 60185Vice President: Cathy LangAddress: 1240 North AvenueWest Chicago, IL 60185Secretary: Fiore DiNoviAddress: 1240 North Avenue West Chicago, IL 60185Treasurer: Donald DannerAddress: 1240 North Avenue West Chicago, IL 60185

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)14. Fiore DiNovi, Vice President  
(Typed or printed name and capacity of person signing application)04/SEP/21 AM 8:44  
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Attachment to Florida

**Purpose Clause**

The purpose or purposes of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware.

**Officers & Directors**

- |    |   |  |
|----|---|--|
| 1. | <b>Full Name:</b><br><b>Officer/Director:</b><br><b>Officer's Title:</b><br><b>Director's Title:</b><br><b>Business Address:</b><br><b>City:</b><br><b>State:</b><br><b>ZIP Code:</b> | Patrick O'Rahilly<br>Officer, Director<br>President and CEO<br>Other Director<br>1240 North Avenue<br>West Chicago<br>IL<br>60185                |
| 2. | <b>Full Name:</b><br><b>Officer/Director:</b><br><b>Officer's Title:</b><br><b>Director's Title:</b><br><b>Business Address:</b><br><b>City:</b><br><b>State:</b><br><b>ZIP Code:</b> | Cathy Lang<br>Officer, Director<br>Vice President, Chief Marketing Officer<br>Other Director<br>1240 North Avenue<br>West Chicago<br>IL<br>60185 |
| 3. | <b>Full Name:</b><br><b>Officer/Director:</b><br><b>Officer's Title:</b><br><br><b>Business Address:</b><br><b>City:</b><br><b>State:</b><br><b>ZIP Code:</b>                         | Donald Danner<br>Officer<br>Vice President, Treasurer and Chief Financial Officer<br>1240 North Avenue<br>West Chicago<br>IL<br>60185            |
| 4. | <b>Full Name:</b><br><b>Officer/Director:</b><br><b>Officer's Title:</b><br><b>Business Address:</b><br><b>City:</b><br><b>State:</b><br><b>ZIP Code:</b>                             | Fiore DiNovi<br>Officer<br>Vice President, General Counsel and Secretary<br>1240 North Avenue<br>West Chicago<br>IL<br>60185                     |
| 5. | <b>Full Name:</b><br><b>Officer/Director:</b><br><b>Officer's Title:</b><br><br><b>Business Address:</b><br><b>City:</b><br><b>State:</b>   | Bruce L. Rogers<br>Officer<br>Vice President, Assistant Treasurer and Assistant Secretary<br>1240 North Avenue<br>West Chicago<br>IL             |

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ZIP Code: 60185

6. Full Name: Howard S. Lipshutz  
Officer/Director: Officer  
Officer's Title: Assistant Treasurer and Assistant Secretary  
Business Address: 1240 North Avenue  
City: West Chicago  
State: IL  
ZIP Code: 60185

7. Full Name: Charles R. Gwirtsman  
Officer/Director: Director  
Officer's Title:  
Director's Title: Other Director  
Business Address: 1240 North Avenue  
City: West Chicago  
State: IL  
ZIP Code: 60185

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# Delaware

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*The First State*

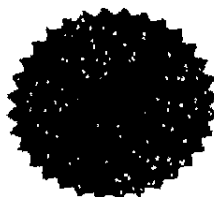
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASPEN MARKETING SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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TALLAHASSEE, FLORIDA

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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3360549

DATE: 09-20-04

TOTAL P.06