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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Consolidated Consulting 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:

Thomas M. McCauley  
(Name of Person)

Consolidated Consulting Corporation  
(Firm/Company)

107 Gale Avenue  
(Address)

River Forest, Illinois 60305-2011  
(City/State and Zip code)

For further information concerning this matter, please call:

Thomas M. McCauley at ( 708 ) 366-1486  
(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. Consolidated Consulting Corporation  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Illinois 3. 364457891  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 3, 2001 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 107 Gale Avenue, River Forest, Illinois 60305-2011  
(Principal office address)

107 Gale Avenue, River Forest, Illinois 60305-2011  
(Current mailing address)

8. The transaction of any or all lawful purposes for which corporations may be incorporated  
(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 NOT acceptable)

Name: Thomas M. McCauley

Office Address: 2086 N. Porpoise Point lane

Vero Beach, Florida 32963  
(City) (Zip code)

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**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.*

Thomas M. McCauley  
(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: 32963

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Thomas M. McCauley

Address: 107 Gale Avenue  
River Forest, Illinois 60305-2011

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

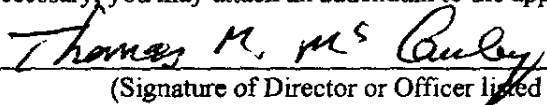
Secretary: Thomas M. McCauley

Address: 107 Gale Avenue, River Forest, Illinois 60305-2011

Treasurer: Thomas M. McCauley

Address: 107 Gale Avenue, River Forest, Illinois 60305-2011

**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. Thomas M. McCauley, President  
(Typed or printed name and capacity of person signing application)

File Number

6176-618-9

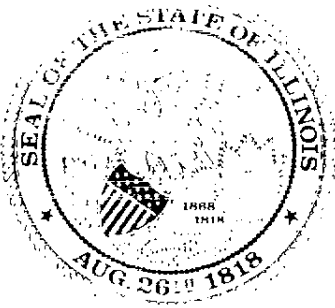


**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

CONSOLIDATED CONSULTING CORPORATION, A  
 DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE  
 AUGUST 3, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS  
 OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE  
 FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF  
 THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE  
 STATE OF ILLINOIS\*\*\*\*\*

***In Testimony Whereof***, I hereto set  
 my hand and cause to be affixed the Great Seal of  
 the State of Illinois, this 2ND  
 day of FEBRUARY A.D. 2005



*Jesse White*

SECRETARY OF STATE