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2005 MAY 23 P 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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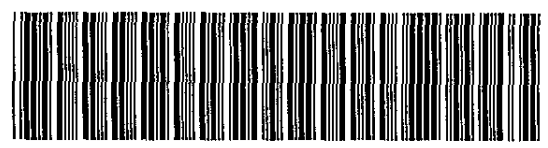
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

*FOYMONT CONSULTING, INC. A/B/A*  
SUBJECT: *ON TIME SETTLEMENT SERVICES*  
(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:

*MARY ANN WIESNER*  
(Name of Person)  
*ON TIME SETTLEMENT SERVICES*  
(Firm/Company)  
*2000 CLIFFMINE ROAD, PARKWEST TWO, SUITE 210*  
(Address)  
*PITTSBURGH, PA. 15275*  
(City/State and Zip code)

For further information concerning this matter, please call:

*MARY ANN WIESNER* at ( *412* ) *570-6671*  
(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

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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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. FOXMONT CONSULTING, INC.  
(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. PENNSYLVANIA 3. 25-1756823  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-30-94 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NO BUSINESS HAS BEEN TRANSACTED IN FL.  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2000 CLIFF MENE ROAD, PARK WEST TWO, SUITE 210, PITTSBURGH, PA. 15275  
(Principal office address)

2000 CLIFF MENE ROAD, PARK WEST TWO, SUITE 210, PITTSBURGH, PA. 15275  
(Current mailing address)

8. TITLE INSURANCE AND CLOSING SERVICES  
(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)

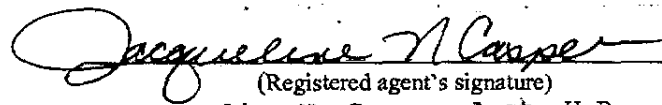
Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301  
(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.

  
(Registered agent's signature)

Jacqueline N. Casper, Asst. V.P.

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:

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A. DIRECTORS

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Director: JOSEPH. C. WIESNER

Address: 2000 CLIFF MINE ROAD, PARK WEST TWO, SUITE 210  
PITTSBURGH, PA. 15275

Director: JAMES R. WIESNER, MANAGING DIRECTOR

Address: 2000 CLIFF MINE ROAD, PARK WEST TWO, SUITE 210  
PITTSBURGH, PA. 15275

B. OFFICERS

President: MARY ANN WIESNER

Address: 2000 CLIFF MINE ROAD, PARK WEST TWO, SUITE 210  
PITTSBURGH, PA. 15275

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. Mary Ann Wiesner  
(Signature of Director or Officer listed in number 12 of the application)

14. MARY ANN WIESNER, PRESIDENT  
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

May 10, 2005

TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

**FOXMONT CONSULTING, INC.**

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show , as of the date herein .



IN TESTIMONY WHEREOF , I  
have hereunto set my hand and  
caused the Seal of the  
Secretary's Office to be affixed,  
the day and year above written.

*Debra A. Cantelero*

Secretary of the Commonwealth



**Pennsylvania  
License Certification  
Prepared For Florida**

FOXMONT CONSULTING INC

Edward G. Rendell, Governor  
Diane Koken, Commissioner

This is an official certification issued by the Commonwealth of Pennsylvania, valid without signature and seal

Date: April 18, 2005

FOXMONT CONSULTING INC  
2000 CLIFFMINE RD  
PARK WEST TWO STE 210  
PITTSBURGH PA 15275

The licensee holds the following licenses as of the date of this certification:

License Type	Qualification	Effective Date	Expiration Date	License Number
Resident Agency		04-13-2005	04-13-2007	67217
	Title	04-13-2005		

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**Pennsylvania License Certification Prepared For Florida**

This letter certifies that on the date it was produced the referenced licensee was licensed by the Commonwealth of Pennsylvania for the license type indicated.

Insurance Producers authority was obtained by passing the Department's written examination or by holding a CLU, CPCU or CIC designation(s).

Insurance Producers are required to complete continuing education (CE) hours. Licensees are in 'good standing' with CE until their review date. If a licensee has not completed the CE requirements by the review date, the license is deemed 'voluntarily terminated.'

Warning letters or pending investigations, if any, are not included in the information provided. License information prior to 1992 is not available.