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Florida Department of State Division of Corporations

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To:

Division of Corporations Fax Number : (850)205-0383

Account Name : CORPORATION SERVICE COMPANY Account Number : 12000000195

: (850)521-1000

Fax Number

: (850)558-1575

FOREIGN PROFIT QUALIFICATION

ACCELERATED RECEIVABLES MANAGEMENT, LTD.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 7, 2005

CORPORATION SERVICE COMPANY

SUBJECT: ACCELERATED RECEIVABLES MANAGEMENT, LTD.

REF: W05000041527

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The use of LIMITED or LTD. is not sufficient as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist FAX Aud. #: M05000211760 Letter Number: 705A00055536

Resubmit

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN R	I COMPLIANCE WITH SECTION 607.1503, PLORIDA STATE EGISTER A POREIGN CORPORATION TO TRANSACT BUSI	UTES, THE FOLLOWING IS SUBMITTED TO NESS IN THE STATE OF FLORIDA.	
1	ACCELERATED RECEIVABLES NANAGEMENT, LTD., INC	مينية الميانية	35x 1
4.	(Enter name of corporation, must include "INCORPORATED," "C "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")	OMPANY," "CORPORATION,"	EL ED MINIOS
	(If name unavailable in Florida, onier alternate corporate name adop	sted for the purpose of transacting business in Florida)	C. J. S. S.
2	ILLINOIS 3. 36-	4103826	927
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)	35
4.		CPETUAL	
	(Date of incorporation) (Du	ration: Year corp. will cease to exist or "perpetual")	
6.	DATE OF FILING		
	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, F	rida, if prior to registration) F.S., to determine pensity lisbility)	
7.	1400 REMAISSANCE DRIVE, SUITE 400, PARK RIDGE,	ILLINOIS 60068	
	(Principal office address)		
	1400 RENAISSANCE DRIVE, SUITE 400, PARK RIDGE,	ILLINOIS 60068	
	(Current mailing address)		
8.	TO ENGAGEIN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPOR ILLINOIS BUBINESS CORPORATION ACT AND AS PERMITTED UNDER		
	(Purpose(s) of corporation anthorized in home state or country	y to be carried out in state of Florida)	
9.	Name and street address of Florida registered agent: (P.O. Bo	x <u>NCT</u> scceptable)	
	Name: Corporation Service Company	•	
O	Nice Address: 1201 Hays Street	_	
	Tallahassee	. Florida 32301	
	(City)	(Zip code)	
Hi de fai	Registered agent's acceptance: tving been named as registered agent and to accept service of signated in this application, I hereby accept the appointment of ther agree to comply with the provisions of all statutes relative d I am familiar with and accept the obligations of my position Corresponding Service Company By: (Registered agent's signature)	as registered agent and agree to act in this capact we to the proper and complete performance of my	ty. I
	· · · · · · · · · · · · · · · · · · ·	•	

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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AUG. 16. 2005 4:14PM

NO, 4377 P. 7

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U 1711	ECTORS .	
Chairman	x	
Address:		~ -2
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		- 100 Co
Vice Cha	irman:	- 12 Con 10
Add ies s:		70
		12 m
•	THOMAS H. STATEMAN	72
		
Address:	1400 RENAISSANCE DRIVE, SUITE 400, PARK RIDGE, ILLINOIS 60068	
Director		
Address:		
	W. M. C.	
B. OFF	ተርቁታር	
	THOMAS H STATEMAN	
Address:	1400 REMAISSANCE DRIVE, SUITE 400, PARK RIDGE, ILLINOIS 60068	
Mai Hasa	ident: STEPHEN CHRAPLA	
Address	1400 REMAISSANCE DRIVE, SUITE 400, PARK RIDGE, ILLINOIS 60068	
	•	
Carretenn	JAMES H. SWANSON	
	1400 REMAISSANCE DRIVE, SUITE 400, PARK RIDGE, ILLINDIS 60068	<u> </u>
Treasurer	STEDHEN CHRAPLA	
Address:	1400 RENAISSANCE DRIVE, SUITE 400, PARK RIDGE, ILLINOIS 60068	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/o	r directors.
	A -4-1-	
L3,	(Signature of Director or Officer listed in number 12 of the application)	
ar	;	
4. THO	MAS H. STATEMAN, PRESIDENT	
	(Typed or printed name and capacity of person signing application)	

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File Number

5962-950-6

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I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of AUGUST A.D. 2005

Desse White

SECRETARY OF STATE

0-260.2