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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

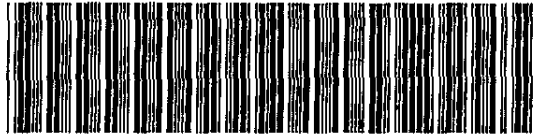
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DATE: 05-01-2005 4:57:00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCB Credit Services. Inc.

(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:

Donna L. Foshang

(Name of Person)

CCB Credit Services. Inc.

(Firm/Company)

5300 S. 6th St.

(Address)

Springfield, Illinois 62703

(City/State and Zip code)

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SECRETARY OF STATE

For further information concerning this matter, please call:

Donna L. Foshang

(Name of Person)

at (800) 252-1772 Ext. 2206

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. CCB Credit Services Incorporated
(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. 37-0859479
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8-14-64 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April 06
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5300 S. 6th St. Springfield, Il. 62703
(Principal office address)
5300 S. 6th St. Springfield, Il. 62703
(Current mailing address)

8. Account Receivable Management
(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: James W. Cabell

Office Address: 1278 Vermeer

Nokomis, Florida 34275
(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.

James W. Cabell
(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: Lee A. Foshang

Address: 3090 White Timber Rd.
Springfield, Il. 62712

Vice Chairman: Ronald E. Krech Jr.

Address: 41 Woodland Trail
Rochester, Il. 62563

Director: Donna L. Foshang

Address: 3090 White Timber Rd.
Springfield, Il. 62712

Director: _____

Address: _____

B. OFFICERS

President: Ronald E. Krech Jr.

Address: 41 Woodland Trail
Rochester, Il. 62563

Vice President: n/a

Address: _____

Secretary: Donna L. Foshang

Address: 3090 White Timber Rd. Springfield, Il. 62712

Treasurer: Donna L. Foshang

Address: 3090 White Timber Rd. Springfield, Il. 62712

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

13. *Donna L. Foshang*
(Signature of Director or Officer listed in number 12 of the application)

14. Donna L. Foshang
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

File Number

4450-248-8



To all to whom these Presents Shall Come, Greeting:

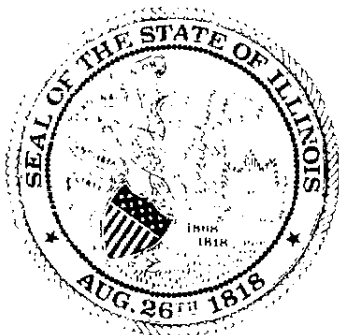
I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CCB CREDIT SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE AUGUST 14, 1964, 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*****

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

In Testimony Whereof, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH
day of NOVEMBER A.D. 2005



Jesse White

SECRETARY OF STATE