Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
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CORPORATION REINSTATEMENT
PNC PARTNERSHIP SOLUTIONS, INC.

Certificate of Status	0
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000000054

1. Corporation Name
PNC Partnership Solutions, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
249 Fifth Avenue	249 Fifth Avenue
Suite, Apt. #, etc. 21st Floor	Suite, Apt. #, etc. 21st Floor, Attn: J. Salzman
City & State Pittsburgh, Pennsylvania	City & State Pittsburgh, Pennsylvania
Zip 15222-2707 Country US	Zip 15222-2707 Country US

CR2E051 (6/10)

4. Date Incorporated or Qualified To Do Business In Florida January 2, 2007

5. FEI Number 45-0544692 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certified Copy

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 3/4/11

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Ralph Melbourne	2650 Warrenville Road, Suite 500	Downers Grove, IL 60515
V/D	John D. Walter	3232 Newmark Street	Miamisburg, OH 45342

10. E-mail Address: jonathan.salzman@pnc.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: J.D. Walter John D. Walter 3/7/11 412-768-6899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/8/11
DB