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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Nestance Rearning Systems Indiana, 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:
Brenda Whitham
Brenda Whitham (Name of Person)
Distance Learning Systems Indiana. Inc (Firm/Company)
107 N. State Road 135, Suite 302
Greenwood, IN 46142
(City/State and Zip code)
For further information concerning this matter, please call:
Brinda Whitham at (317) 884-2688 (x 164) (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section  Division of Corporations  New Filing Section  Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy 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. <u>Sistance Learning Systems Finding Troc.</u>
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "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. Indiana
(State or country under the law of which it is incorporated)

3. 35-2076793
(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration)
SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 107 N. State Road 135. Suite 302 Greenwood, IN 46142
(Principal office address) Educational Publishing Company (Higher Education (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: Office Address: 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.

<sup>11.</sup> 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:	Z S	80	
A. DIRECTORS.	FE		7
Chairman:		7	
Address:	PORIE	P# 2: (	
Vice Chairman:			
Address:			
Director:			
Address:	<del></del>	_	<del></del>
Director:			
Address:			<del></del>
B. OFFICERS  President: David Christy  Address: 4/7 N. Timber Trail  Greenwood, IN 46142			<del> </del>
Vice President:			
Address:			
Secretary: (CFO) Derrick Christy  Address: 3933 Eagle Trace Drive, Oreenwood, IN 46			
Address: 3933 Eagle Trace Drive, Oreenwood, IN 46	143		
Treasurer:	<u> </u>		
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers an	d/or direc	etors.	
13. A Court Lie of Director on Officer lighted in number 12 of the application)			
(Signature of Director or Officer/listed in number 12 of the application)			
14. DAUID K. CHRISTY PRESIDENT  (Typed or printed name and capacity of person signing application)			

### STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### DISTANCE LEARNING SYSTEMS INDIANA, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on May 17, 1999, and was in existence or authorized to transact business in the State of Indiana on May 15, 2008.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifteenth Day of May, 2008.

Cost Copile

TODD ROKITA, Secretary of State

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