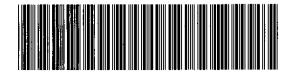
F1000002870

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL .
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	N
·		

Office Use Only



700182386457

06/23/10--01021--003 **78.75

JUN 24 2010 D. A. WHITE

COVER LETTER

O: New Filing Section Division of Corporations				
SUBJECT: / Attractional City/County Management Association Name of Corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Flouristicate of Existence", or "Cerificate of Good Standing" and check are submitted to register the above reference to the profit corporation to conduct its affairs in Florida.				
Please return all correspondence concerning this matter to the following:				
Min: Aggaract Controller Name of Person				
International City/County Management Association Firm/Company	,			
777 N. (cp. 101 St., NE, Sike 500				
Address				
Workington, D. C 20002				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mini Aggarol at (202) 962-3549 Area Code & Daytime Telephone Number				
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy				

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONTINUE STATE OF FLORIDA:

(Name of corpor import in langua	ation: must include the word "INCC ge as will clearly indicate that it is a	ORPORATED" or "CORI corporation instead of a	PORATION" or words or abbreviations of like natural person or partnership if not so contained uffix by a nonprofit corporation.)
2. (State or cour	try under the law of which it is inco	rporated)	- 2167755 (FEI number, if applicable)
2-/11/	1933	-r,	Peralasi
4(D	ate of Incorporation)	(Duration:	Year corp. will cease to exist or "perpetual")
6. (Date first condu	cted affairs in Florida if prior to regis	tration, See sections 617.1.	501 & 617.1502, F.S. to determine penalty liability.)
	1+ K (spital St., NE,		
	'	(· ······· p · · · · · · · · · · · · · · · · ·	
777 No	th Capital St., NE,	Str. 500 Was	hington, D.C. 20002
		(Carrotte maning address	-,
8. Mana	sement consulting		
(Purpose(s) of c	orporation authorized in home state	or country to be carried	out in the state of Florida)
9. Name and stre	et address of Florida registered a	gent: (P.O. Box NOT	acceptable)
	et address of 1 fortda registered a		1 /
	Charles Schuale		1 /
Name: _	Charles Schuate		
Name: _	Charles Schunde 2500 E. Les Oles	Plvs., PH #8	
Name: _	Charles Schuate	Plvs., PH #8	
Name: _ Office Address: 10. Registered Having been nan	Charlet Schuale 2500 E. Les Dlos Ft. Lauserdale (City) agent's acceptance: med as registered agent and to a lice application. I hereby accept the	Plvs., Ph * F , Florida _ ccept service of process	
Name: _ Office Address: 10. Registered Having been nan	Charles Schuale 2500 E. les Dles Ft. Lauserdale (City) agent's acceptance: med as registered agent and to a is application, I hereby accept the comply with the provisions of al ir with and accept the obligation	Plvs., Ph * F , Florida _ ccept service of process	Zip Code) (Zip Code) (Sin Code) (Zip Code) (Sin Co

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 addresses of officers and/or di	irectors:
---	-----------

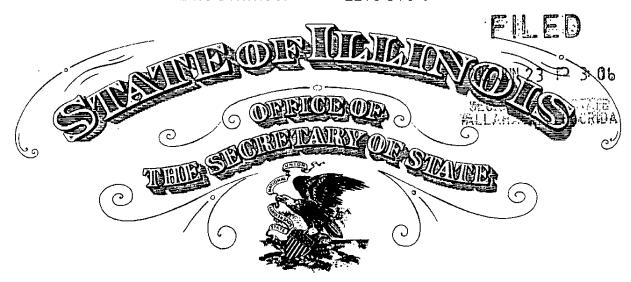
FILED

A.	DIRECTORS		

Chairman: Robert J. D'Neill, Exerutive Dicertor	2019 JUN 23 P 3: 0 B
	SECRETARY OF CLUTE
Washington, D.C. 20002	mally, massed. Program
Vice Chairman: Elizabeth Kellar, Depoty Executive Dire	(140/
Address: 777 N. (4). +01 St., NE, Svik 500	
Werkington, D.C. 20002	
Director:	
Address:	
Addiess.	
Director:	
·	
Address:	<u> </u>
B. OFFICERS	· · · · · · · · · · · · · · · · · · ·
President: Ron (arles, Chief Operating Office)	
Address: 777 N. (sp. fol St., NE, Sv.)e SOO	
Vice President:	
Address:	
Address	- HARAN
S	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If nocessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
13. 1 Colombia	
13. Signature of Chairman, Vice Chairman, or any officer listed in number 1 Robert J. O'Neill, Jr., Exerctive D (Typed or printed name and capacity of person signing appl)	2 of the application)
14. Kobert J. U Ne. 11. 1 Exercision Signing and Canacity of person signing and	lication)

File Number

2276-570-1



To all to whom these Presents Shall Come, Greeting:

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

THE INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 16, 1933, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1017200654

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this **21ST**

day of

JUNE

2010

SECRETARY OF STATE