CR2E031 (1-89)

C T CORPORATION SYSTEM		-04/21/9501011003			
Requestor's Name 1311 Executive Center Dr.	Ive. Ste. 200	******70.00 ******70.0			
Address					
Tallahassen, Fl., 32301	(904) 656-8298	70000146183 7 -04/21/9501011004			
City State Zip	Phone	****700.00 ****700.00			
CORPORATI	ON(8) NAME	195-8542			
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		APF (A)			
Enterprise Syst	and Tive	S			
The Super	ems, doc	O 17			
	<u> </u>				
# Profit		ED E70			
() NonProfit	() Amendment	() Merger			
() Limited Liability Comp	any				
4 Foreign	() Dissolution/With	drawal () Mark			
() Limited Partnership	() Annual Report	() Other			
() Reinstatement	() Reservation	() Change of R.A.			
I) Codifical Comme	() Photo Courter	() Fictitious Name			
() Certified Copy	() Photo Copies	() CU8 / G/S			
() Call When Ready	() Call If Problem	() After 4:30			
Walk In	() Will Wait	OK Pick Up			
() Mail Out					
Varne					
Availability	3:00	PLEASE.RETURN: EXTRA COPY(S)			
Document	3:00 4/20/95	ETT IS CITALISM			
Examiner	4/20/93	LIPE PINARD DIA			
Updater					
Verifier					
Acknowledgment					
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W.P. Veriller		% 2 % T			
		on Em			



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 20, 1995

CT CORPORATION

SUBJECT: ENTERPRISE SYSTEMS, INC.

Ref. Number: W95000008542

We have received your document for ENTERPRISE SYSTEMS, INC. and your check(s) totaling \$770.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

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 (904) 487-6093.

Letter Number: 695A00018721

Freta Lott Corporate Specialist Supervisor DIVISION OF STATE OF

CERTIFIED COPY OF RESCRIPTION

CORPORATION ADOPTING A PICTITIONS MANN FOR USE IN THE STATE OF FLORIDA

•
I, THE UNDERSIGNED JAMES H. RAY DO HEREBY
CERTIFY THAT THE FOLLOWING IS A TRUE, COMPLETE AND CORRECT COPY OF A
CERTAIN RESOLUTION OF THE BOARD OF DIRECTORS OF ENTERPRISE SYSTEMS, INC., A
CORPORATION DULY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF
Tilinois Which resolution was duly adopted at a Duly
CALLED MEETING OF THE SAID BOARD, MELD ON APRIL 15 1995 A
QUORUM BEING PRESENT, AND IS SET FORTH IN THE MINUTES OF THE SAID MEETING:
THAT I AM THE REEPER OF THE CORPORATE SHAL AND OF THE MINUTES AND RECORDS
OF THIS CORPORATION; AND THAT THE SAID RESOLUTION HAS NOT BEEN RESCINDED
OR MODIFIED:
RESOLVED THAT ENTERPRISE SYSTEMS, INC. ORGANIZED AND EXISTING IN THE STATE OF ILLINGIS HERENY ADOPTS THE NAME _ESI ENTERPRISES INC. FOR USE IN THE STATE OF FLORIDA FOR ALL PURPOSES; AND FURTHER RESOLVED THAT THE OFFICERS OF THE CORPORATION ARE AUTHORIZED AND DIRECTED TO TAKE ALL STEPS THAT THEY DEEN NECESSARY AND APPROPRIATE TO QUALIFY THE CORPORATION OF ESI ENTERPRISES, INC. AND SECOND
CORPORATION WITHIN THE STATE OF PLORIDA SHALL BE CARRIED OUT UNDER THE MANE EST ENTERPRISES, INC.
IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY NAME AND AFFIXED
THE SEAL OF THE SAID CORPORATION, ON THIS THE 25TH DAY OF
APRIL 19 95.

(FLA. - 2091 - 7/1/90)

TRANSMITTAL LETTER



TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

SUBJECT: Enter PRISE Systems, Inc. (Name of coliporation)

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:

James H. Ray
(Name of Person)

Enterprise Systems, Inc.

1400 South Wolf Road, Bldg. 500

Wheeling, T2 (20090)
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

James H-Ray at (708) 537 - 4800.

(Name of Parabol) Area Code & Daving Telephone Number

DIVISION OF CONTORNATIONS

95 MAY 31 PH 12: 26

COURIER ADDRESS:

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 KMAILING ADDRESS: Lee Rivers

Qualification/Registration Sec. Division of Corporations P. O. Box 6327

Taliahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR A THORIZATION 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:

Illinois	the law of which it is incor	3. 36-313	60163	
7/22 Q1	the law of which it is incor	porated) (FEI number,	if applicable)	
7/23/8/ (Data of Incorpor	ation)	(Duration: Year corp. will d	ease to exist or 'perpet	ial7
Date first transacted hu		ctions 607.1501, 607.1502, ac	d 817.155, F.S.J	
1400 South 1	Nolf Road, BI	dg. 500		
Wheeling,	IL 60090 (Current mailing addre			
	(Current mailing addr	088)		
Development	-and sale o	f personal cor	noutee soft	7 7 7
(Purpose(s) of corpor	ation authorized in home	F PRESONAL CON	out in the state of Florid)
Name and street	address of Florida		<u>.</u>	, ;;
	address of Florida	registered agent:	<u>.</u>	F COSPO
Nar	ne: CT Corpora	registered agent: tion System	3 F 77 [2]	F COSPORAL
Nar	ne: CT Corpora	registered agent:	3 F 77 [2]	or Cosperations
Nar	ne: <u>CT Corpora</u> ss: 1200 S	registered agent: tion System Pine Island R	31 FF112: 26	ir Cospeilallolls
Nar	ne: <u>CT Corpora</u> ss: 1200 S	registered agent: tion System	31 FF112: 26	F COSPORATIONS
Nar Office Addres	ne: <u>CT Corpora</u> ss: 1200 S. <u>Plantation</u>	registered agent: tion System Pine Island R	d. 28	* Cospainilions
Nar Office Addres	ne: CT Corpora- ss: 1200 S. Plantation nt's acceptance:	registered agent: tion System Pine Island R	0.00	
Office Address Registered ages ing been named a	ne: CT Corpora- ss: 1200 S Plantation nt's acceptance: as registered agent an acceptance designated in thi	registered agent: Hion System Pine Island R Fl od to accept service of p	orida, 33324 (Zip Code) rocess for the above	e sta
Office Address Registered ages ing been named a poration at the plant and a	ne: CT Corpora- ss: 1200 S Plantation nt's acceptance: as registered agent an acceptance designated in this agree to act in this cal	registered agent: tion System Pine Island R , Fl and to accept service of p is application, I hereby to	orida , 33324 (Zip Code) rocess for the above accept the appointr	e sta ment
Office Address Registered ages ing been named a poration at the plastered agent and a	ne: CT Corpora- ss: 1200 S Plantation nt's acceptance: as registered agent an acce designated in this agree to act in this cal to the proper and co	registered agent: Hion System Pine Island R Fl od to accept service of p	orida , 33324 (Zip Code) rocess for the above accept the appointr	e sta ment
Nar Office Address Registered ages ing been named a poration at the pla stered agent and a Il statutes relative and accept the of	ne: CT Corpora- ss: 1200 S Plantation nt's acceptance: as registered agent an acce designated in this agree to act in this cal to the proper and co	registered agent: tion System Pine Island R od to accept service of p is application, I hereby to pacity. I further agree to mplete performance of I ion as registered agent.	orida , 33324 (Zip Code) rocess for the above accept the appointr	e sta nent

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 directors: DIRECTORS Chairman: Thomas Pipelli : BLD4500) BLD6 500 Director: Robert Road BLDG 500 Address: 140 **OFFICERS** President: Joseph Address: chief Exs Address: _ Secretary: _ Address: Treasurer: JAMES Address: 1400 South Wolf ROAD BLUGGOD

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

13. Signature of Chairman, Vice Chairman or any officer listed in number 12 of the application)

14. JAMES H. RAY TREASURER

(Typed or printed name and capacity of person signing application)

Addendum to 12.A = 12B

A. DIRE	CTORS		
	Chairman:		
	Address:		
	Vice Chair	man:	
	'ddress:		
	·		
	_	FAZLE HUSPIN	;
en e		1400 South Wolf Road, BLD45	00
		Whealing, IL GOOD	
ti tri Rise di	Director: _	Thomas R. Hutchison	
	Address: _	1400 South WOLF ROCK BIDGE	X
		Wheeling IL 60090	
B. OFFI	CERS	•	
chie	f OPERATI	nti official: Stephen Katz	روز المصنف الماسية في الماسية. الماسية
		1400 South Wolf Road, BLD45	% <
chief Fin	iancial incie	Wheeling, I 6(XX90)	
	Ville 1.790	LAND C. H. MALICEN	NA SE
	Address: _	DAVID B. MULLEN 1400 South Wolf Road, BLD Wheeling, IL WOOSD	4500章 調
		WIREIMH, IL WOOND	
	Secretary:		LED Y OF STATE CORPORATION PH 12: 26
	Address:		2: 2:
			5. E.
	Treasurer		
	Address:	<u> </u>	
		<u> </u>	
NOTE: If ne	cessary, you r	may attach an addendum to the application listi	ng additional officers
	ois.	Λ	
13.	amor	tt. Kan	
Signature	of Chairman, Vice	Chairman, or any officer listed in number 12 of the applic	ation)
14. JF	ames H.	RAY TREASURER	
	or printed name		

File Wumber 5246-312-2



To all to whom these presents Shall Come, Greeting:

I, George H. Ryan. Secretary of State of the State of Illinois,



In Cestimony	MI	ierro	F	I he	rela	المالية
my hand and cause i	to be	affixed	the	Great	! Seal	of
the State of Illinois this					12TH	100
	-			7.7	4.5	J+

day of _____ APRIL _ A.D., 19_95

George H Ryan SECRETARY OF STATE