F95 CENSMITALETTER 3722

Oualification/Tax Lien Section

TO:

Division of Corporations mmmm1551140 -08/01/95--01105--003 +++*+70,00 *++*+70.00 TELEMANAGEMENT RESOURCES, INC. SUBJECT: _____ (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: David Elliott (Name of Person) Telemanagement Resources, Inc. (Firm/Company) 7200 Ridge Road, Suite 17 (Address) 34668 Port Richey, Florida (City/State/Zip) Should you need to call someone concerning this matter, please call: \ 495-7771 Linda Elliott (Area Code & Daytime Telephone Number) (Name of Person)

COURIER ADDRESS:

Qualification/Tax Lien Sec Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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,	TELEMANAGEMENT RESOURCES,	INC.
(Name of corporations of person or partn	oration: must include the word "INCORPOR flike import in language as will clearly indica ership if not so contained in the name at pres	ATED", "COMPANY", "CORPORATION" or words or ale that it is a corporation instead of a natural sent.)
2 ILLII	NOIS under the law of which it is incorporated)	3. 36- 3744501 (FEI number, if applicable)
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
л 1	2/20/90	5. PERPETUAL
(Date	of Incorporation)	5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first t	JPON QUALIFICATION ransacted business in Florida. (See Sections	\$ 607.1501,607.1502, AND 817.155, F.S.)
7209	EISENHOWER LANE SOUTH	
LOM	BARD, IL 60148	
	(Current mailin	g address)
		. tualiana anniamant
8. Resale (Purpose(s) of co	and service of telecommunication authorized in home state or country	y to be carried out in the state of
Name and s acceptable)	treet address of Florida registered	agent: (P.O. Box or Mail Drop Box NOT
Name:	DAVID ELLIOTT	
Office Address:	7200 Ridge Road Ste. 17	
-	Port Richey	, Florida , 34668
10. Registered	agent's acceptance:	(ap cody)
11 Laur 11.00	med as registered agent and to acce	pt service of process for the above stated ion, I hereby accept the appointment as I further agree to comply with the provisions of ormance of my duties, and I am familiar with red agent.

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)

	inda Elliott
ddress:	528 Arbor View Dr., Lisle, IL 60532
	David Elliott
Address:	4528 Arbor View Dr., Lisle, IL 60532
Director:	
Director:	
\ddress:	
B. OFFICERS	(Street address only- P. O. Box NOT acceptable)
resident:	Linda Elliott
\ddress:	4528 Arbor View Dr., Lisle, IL 60532
/ice President:	David Elliott
Address:	4528 Arbor View Dr., Lisle, IL 60532
Corretary'	David Elliott
Address:	4528 Arbor View Dr., Lisle, IL 60532
— Treasurer: —	Linda Elliott
Address:	4528 Arbor View Dr., Lisle, IL 60532
NOTE: If nec officers and/or	
/	
/ / \	ture of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

File Number 5621-673-1



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



In Testimony Illperent, & hereto set		
		affixed the Great Seal of
day of		A.D. 19 95

George H Regan