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AUTHORICATION :

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ORDER DATE: November 14, 1995

ORDER TIME : 11:02 AM

ORDER NO. : 745286

SUSTUMER NO: 2687A

CUSTOMER: Diage Coxxi, Legal Asst

Sidley & Austin 44th Floor

One First National Plaza

Chicago, IL 60603 -----

FOREIGN FILINGS

NAME: USCC PAYROLL CORPORATION

XXPROFIT XX CORPORATE NON-PROFIT

LIMITED PARTNERSHIP

NEX DUALIFICATION

PIEADE RETURN THE POLLOWING AS PROOF OF FILING:

CERTIFIED GODY

XXX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERCON: HARRY DAVID

TRANSMITTAL LETTER

Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Florida", "Certificate of Existence", and check are submitted to register the above foreign corporation to transact business in Florida.	Business in referenced
Please return all correspondence concerning this matter to the following:	
Name of Person)	95 1107 15
(Name of Person)	<u></u>
(Name of Person) Texer sene of Data Systems Inc. (Firm/Company)	략
(Firm/Company)	2:0
1411 CAZERNAY BLUD (Address)	
(City/State/Zip)	
hould you need to call someone concerning this matter, please call:	
(Name of Person) at (CA) S-(Area Code & Daytime Tel	3-33cc

COURIER ADDRESS:

TO

Qualification/Tax Lien Section

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:

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Corporation Service Company Office Address: 1301 Hoys Street , Florida, 32301	1. (Name of corporation: must include the word "INCORPORATI abbreviations of like import in language as will clearly indicate the person or partnership if not so contained in the name at present.	ED", "COMPANY", "CORPORATION" or words or hat it is a corporation instead of a natural
6.	2. De Line nice (State or country under the law of which it is incorporated)	3\(- 4\(4\(\), \(\)' 4\(\) (FEI number, if applicable)
6.	4. (Date of Incorporation)	5. Parile 70 g L Duration: Year corp. will cease to evist or "paragraphic"
(Current mailing address) 8. ***Pranteement of Callolan Telegrammentals* (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: **Carranged Service Company* Office Address: **1201 Hrys Street** **True density of the country of the country of the state of th	6. JANSARY 1, 1896	so so so primitive and the exist of perpetual y
(Current mailing address) 8. ***Pranteement of Callolan Telegrammentals* (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: **Carranged Service Company* Office Address: **1201 Hrys Street** **True density of the country of the country of the state of th	(Date first transacted business in Florida. (SEE SECTIONS 60)	7.1501, 607.1502, AND 817.155, F.S.)
(Current mailing address) 8. ***Pranteement of Callolan Telegrammentals* (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: **Carranged Service Company* Office Address: **1201 Hrys Street** **True density of the country of the country of the state of th	7. Ye Telestine + DAM System.	<u> </u>
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9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Congration Some Company Office Address: 1301 Hrys Street , Florida, 32301		
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Congration Some Company Office Address: 1301 Hrys Street , Florida, 32301	(Purpose(s) of corporation authorized in home state or country to	be carried out in the state of
TALLMIASSEC , Florida, 3236/	acceptancy	
TRILINIASSEE , Florida , 2736 / (Zip Code)		
10 Registered agentle county (Zip Code)	TALLANISSEE	Florida 223/
10. Registered agent's acceptance:	10. Registered agent's acceptance:	(Zip Code)
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. (Registered agent's signature) 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.	registered agent and agree to act in this capacity. I furthall statutes relative to the proper and complete performa and accept the obligations of my position as registered a Registered agent's signal. Attached is a certificate of existence duly authenticate delivery of this application to the Department of State official having custody of corporate records in the juri	her agree to comply with the provisions of mice of my duties, and I am familiar with gent. Anature) ed, not more than 90 days prior to the by the Sacretary of State or other

Names and addresses of officers and or directors (Street address ONLY-P O Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Address ___ Vice Chairman Address ____ Director: Liter T. CHRISCA Address: 8001 Creenway 2015 110311 Tes 6 I 53562 Director: H Denne D Address: 1410 1- Pope Park die Sour Tre Comme 12 61631 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: 17. Pearl Nalson .) .) Address: Still to Bryn place fice Scitt Tec (P) Chicaco in belos Vice President: KARRETH A. Mryek's Address: 1/11 W DRYN MINOR ALE SUM DE CHICAGE 52 60631 Secretary: 572146.0 Firzekk Address: Car First NAMELAL PLACE CHICACO, IL. belies Treasurer: Kinneth L. Mayers Address: 8410 to 18kg Black AVE. Sur 711 CHICAGE JL Gels1 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

USCC PAYROLL CORPORATION OFFICER/DIRECTOR LIST

Office of the Secretary of State

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