



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F96000000080 1. Entity Name DELAWARE ARC SERVICE INC.						FILED 05 DEC 19 AM 11:08 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 600 HART ROAD SUITE 300 BARRINGTON, IL 60010 US				Mailing Address 600 HART ROAD SUITE 300 BARRINGTON, IL 60010 US			
2. Principal Place of Business 1020 Petersburg Rd Suite, Apt. #, etc.		3. Mailing Address 1020 Petersburg Rd Suite, Apt. #, etc.					
City & State Hebron, KY Zip 41048		City & State Hebron, KY Zip 41048		4. FEI Number 36-4055059		Applied For <input type="checkbox"/> Not Applicable	
Country USA				Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				11162005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Carol Record <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Carol Record <small>(NOTE: Registered Agent signature required when reinstating)</small>			
DATE 12/9/05 <small>DATE</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PURCELL, STEVEN 600 HART ROAD #200 BARRINGTON, IL 60010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Stephen E. Pomeroy 1020 Petersburg Rd Hebron, KY 41048	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETROPOULOS, MARINO 600 HART RD #300 BARRINGTON, IL 60010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & T Michael Rohrkemper 1020 Petersburg Rd Hebron, KY 41048	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Kristi Nelson 1020 Petersburg Rd Hebron, KY 41048	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Michael B. Rohrkemper <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11/16/05 <small>DATE</small>			
				DAYTIME PHONE # (859) 586-0600 <small>DAYTIME PHONE #</small>			