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C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092
CORPORATION(S) NAME

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DIVISION OF CORPORATION
MOA-TL Corp.

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
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. MOA-TL Corp.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation, not of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 36-4057019
(FEI number, if applicable)
4. Dec. 14, 1995
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon filing and acceptance of this application.
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
7. 701 Lee Street, Suite #1000
Des Plaines, IL 60016
(Current mailing address)
8. to engage in any lawful act or activity for which corporations may be organized
(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:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent acceptance:

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.

C T CORPORATION SYSTEM

Connie Bryan
(Registered agent's signature) (Officer)

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

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 directors:

A. DIRECTORS

Chairman: C. Michael Dolan

Address: 3153 North Fork

P.O. Box 2530 Cody, WY 82414

Vice Chairman: _____

Address: _____

Director: Kurt M. Mueller

Address: 1009 Ashland Wilmette, IL 60091

Director: Daniel W. Daniele

Address: 1243 Holly Court Downers Grove, IL 60515

B. OFFICERS

President: Kurt M. Mueller

Address: (see above)

Executive Vice President: Daniel W. Daniele

Address: (see above)

Secretary: C. Stephen Nowack

Address: 1210 North Pine Arlington Heights, IL 60004

Treasurer: C. Stephen Nowack

Address: (same as Secretary)

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

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

14. C. Stephen Nowack-Vice President, Secretary & Treasurer
(Typed or printed name and capacity of person signing application)

MOA-TL CORP. - A DELAWARE CORPORATION

DATE OF INCORPORATION:
FEDERAL TAX ID NUMBER:
AUTHORIZED SHARES:
ISSUED SHARES:

12/14/95
36-4057019
1,000 Common with \$1.00 Par Value
1,000

BOARD OF DIRECTORS:

C. MICHAEL DOLAN

Address:
Social Security #:

3153 North Fork, P.O. Box 2530, Cody, WY
556-54-2077

KURT M. MUELLER

Address:
Social Security #:

1009 Ashland, Wilmette, IL 60091
352-38-5966

DANIEL W. DANIELE

Address:
Social Security #:

1243 Holly Court, Downers Grove, IL 60515
339-48-6657

OFFICERS:

TITLE:

C. MICHAEL DOLAN

Chairman

KURT M. MUELLER

President & Chief Operating Officer

DANIEL W. DANIELE

Executive Vice President

C. STEPHEN NOWACK

Title:
Address:
Social Security #:

Vice President, Secretary & Treasurer
1210 North Pine, Arlington Heights, IL 60004
333-56-1270

ROBERT LANGE

Title:
Address:
Social Security #:

Vice President, & Assistant Secretary
10 Piper Lane, Hawthorne Woods, IL 60047
391-48-9947

VALERIE GOSSMAN-MURZL

Title:
Address:
Social Security #:

Vice President
4553 Burnham Dr., Hoffman Estates, IL 60195
135-44-9459

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DIVISION OF CORPORATIONS
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State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOA-TL CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 1996 AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

7781860

DATE:

01-09-96