# F960000000755

TO: Qualification/Tax Lien Section **Division of Corporations** 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: 700001701047 -01/30/96--01038--013 \*\***&**\*\*70.00 Should you need to call someone concerning this matter, please call: at (504) 828-4636 (Area Code & Daytime Telephone Number)

# **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



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 30, 1996

VON H MAGEE THE INFOGROUP, INC. 2305 N HULLEN #5 METAIRIE, LA 70001

SUBJECT: THE INFOGROUP, INC. Ref. Number: W96000002320

We have received your document for THE INFOGROUI', INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in tieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filling year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 196A00004109

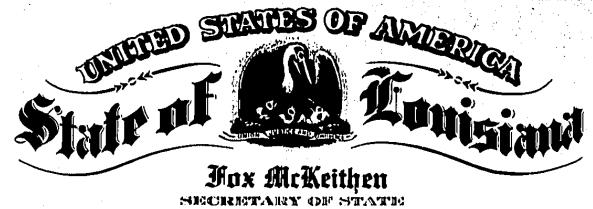
# APPLICATION BY FOREIGN CÖRPÖRATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. The	words	or
2. Ouisiana (State or country under the law of which it is incorporated)  3. 72 -1300568  (FEI number, if applicable)		<u>.                                    </u>
4. (0-23-95 5, Perpetual  (Date of Incorporation) (Duration: Year corp. will cease to exist or "p	erpetu	a')
6. Hebruary 1, 1996 (Date first transacted business in Florida. (See Sections 607.1501, 607.1502, AND 817 155, F.S.)  7. RO N. Orange Am., Sk. 1400	98 FEB 1	SECRETA DIVISION CE
Orlando, FL (3280) (Current mailing address)	PH 12: 0	12 SOLD ST
(Current mailing address)  8	:07	ATE ATIONS
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Nacceptable)	OT	
Name: FRANK E. DOOCHTEE		
Office Address: 2001 PETTERE WAY		
10. Registered agent's acceptance:  , Florida, 32308 (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 provisi all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.	i ons o with	ı <b>f</b>
7- E. Doolitte (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.

12. 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: \_\_\_\_\_ Address: \_\_\_\_ Director: Address: \_\_\_\_\_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) Moudia Drive Covination, LA 70435 Vice President: Address: Secretary: , Address: Treasurer: \_\_\_\_\_ Address: 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)



. As Pecretary of State, of the State of Louisiana, I do hereby Certify that the Articles of Incorporation of

THE INFOGROUP, INC.

Domiciled at Metairie, Louisiana,

Were filed in this Office and a Certificate of Incorporation was issued on June 23, 1995,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

December 6, 1995

Secretary of State