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TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

500001763235  
-03/29/96--01098--003  
\*\*\*\*\*78.50 \*\*\*\*\*78.50

SUBJECT: Automated Revenue Management, Inc.  
(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:

Darlene Thompson  
(Name of Person)  
Automated Revenue Management, Inc.  
(Firm/Company)  
909 Phillips Ave.  
(Address)  
Toledo, Ohio 43612-1336  
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Darlene Thompson at ( 419 ) 476 - 1934  
(Name of Person) Area Code & Daytime Telephone Number

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COURIER ADDRESS:

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

MAILING ADDRESS:

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


**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. Automated Revenue Management, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Ohio 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/17/95 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Have not transacted business yet.  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 909 Phillips Ave.  
Toledo, OH. 43612-1336  
(Current mailing address)
8. Send pre-collection letters to consumers  
(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's 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.*

  
(Registered agent's signature)  
Gil S. Apelis, Asst. Secretary

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.

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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)**

Chairman: NA

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Michael S. McIntyre

Address: 909 Phillips Ave.

Toledo, OH. 43612-1336

Vice President: Terrence J. McIntyre

Address: 909 Phillips Ave.

Toledo, OH. 43612-1336

Secretary: Patrick McIntyre

Address: 909 Phillips Ave.

Toledo, OH. 43612-1336

Treasurer: Patrick J. McIntyre

Address: 909 Phillips Ave. Toledo, OH. 43612-1336

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

13. Michael S. McIntyre President.  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael S. McIntyre  
(Typed or printed name and capacity of person signing application)

**UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE.**

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*I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and Miscellaneous filings; that said records show **AUTOMATED REVENUE MANAGEMENT, INC.**, an Ohio corporation, Charter No. 911578, having its principal location in Toledo, County of Lucas, was incorporated on July 17th, 1995 and is currently in **GOOD STANDING** upon the records of this office.*

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WITNESS my hand and official  
seal at Columbus, Ohio this  
22nd day of March, A.D. 1996

*Bob Taft*

Bob Taft  
Secretary of State