F960000005787

	TO: Qualification/Tax Lien Section Division of Corporations
	SUBJECT: Land Management Lesources, Inc. (Name of corporation - must include suffix)
	Dear Sir or Madam: 2000019968021 -11/05/9601174002
	The enclosed "Application by Foreign Corporation for Authorization to Transact *******70.00 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:
	D. Pauli (Name of Person) Land Management Lesources, Inc (Firm/Company) 500 Market Tower, 10 W. Market St., De Composition of Composition
	Indianapolis, Ind. 46204 Zndianapolis, Ind. 46204 (City/State/Zip) 7 PH 1: 06
;	Should you need to call someone concerning this matter, please call:
-	D. Pauli (655 Brepag.) at 515 964-0304 (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

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:

(State or country under the law of which it is incorporated)	
. 9-14-90 5. perpetual (Date of Incorporation) (Duration: Year corp. will cease	(FEI number, if applicable)
Scheduled for Approx Nov. 1996	36 S
Date first transacted business in Florida. (See sections 607.1501, 60 500 Market Tower, 10 W. Market St.	
Indianapolis, Ind. 46204 (Current mailing address) Site Acquisition Services. (Purposets) of approximation of the services.	J: 06
(Purpose(s) of cofporation authorized in home state or country to be carefords) Name and street address of Florida registered agent:	erried out in the state of
Name: <u>C T CORPORATION SYSTEM</u> Office Address: <u>c/o C T Corporation System, 1200 S</u>	outh Pine Island Road
<u>Plantation</u> , Florida, <u>333</u>	324 Code)

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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.

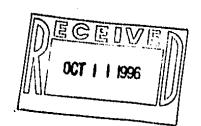
CT CORPORATION SYSTEM
(Registered agent's signature) (Officer)
- JAMES M. HALPIN ASST. SECY.
Type Name and Title of Officer)

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: Address: __ Vice Chairman: Address: _____ Director: _____ Address: Director: __ Address: ______ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Nicholas Pres. 10 W. Market St. Vice President: 5400n Convenience Welch Secretary: _ 10 W. Market St lower. Treasurer: Convenience Blud. Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE



To Whom These Presents Come, Greating:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

LAND MANAGEMENT RESOURCES, INCORPORATED

filed Articles of Incorporation on September 14, 1990, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not required to file such annual reports, and that Articles of Dissolution CRE TARY OF STATE OF CROSS OF STATE O



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Seventh day of October, 1996.

Sue anne Silroy, Secretary of State

Deputy