

ACCOUNT NO.

072100000032

REFERENCE

152025

4321040

AUTHORIZATION

COST LIMIT

ORDER DATE: November 12, 1996

W96-24180

ORDER TIME :

10:59 AM

ORDER NO. : 152025-005

200002004992--8

CUSTOMER NO:

4321040

CUSTOMER: Ms. Janet M. Melancon Schiff Hardin & Waite

7200 Sears Tower

233 South Wacker Drive Chicago, IL 60606

FOREIGN FILINGS

NAME:

APAM HOLDINGS INC.

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Juan E Jones

DIVISION OF CORPORATION

RECEIVED

RESUBMIT

96 NOV 18 PH FLORIDA DEPARTMENT OF STATE Please give original DIVISION OF CORPORATION Sandra B. Mortham Submission date as file date.

November 14, 1996

CSC NETWORKS, INC. ATTN: JUAN E. JONES

SUBJECT: APAM HOLDINGS, INC. Ref. Number: W96000024180

We have received your document(s) in this office, however, the document is being returned for the following:

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 lieu 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 filing 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) 487-6958.

Lee Rivers Document Examiner

Letter Number: 096A00052013

APPLICATION BY FOREIGN CORPORATION 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. APAM Holdings, Inc.	_
(Name of corporation: must inclu- words or abbreviations of like im- natural person or partnership if n	de the word "INCORPORATED", "COMPANY", "CORPORATION" or port in language as will clearly indicate that it is a corporation instead of a ot so contained in the name at present.)
2Delaware	a Applied for
2. Ustate or country under the law of	which it is incorporated) Applied for (FEI number, if applicable)
4. October 16, 1996 (Date of Incorporation)	s Perpetual
(Date of Incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. <u>upon qualification</u> (Date first transacted business	in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, U.S.)
7. 201 East Pine Street,	Suite 600, Orlando, Florida 32801
	SSE P
	(Current mailing address)
g Investments	
··	
(Purpose(s) of corporation author	ized in home state or country to be carried out in the state of Florida)
(Purpose(s) of corporation author	ized in home state or country to be carried out in the state of Florida) Florida registered agent: (P.O. Box or Mail Drop Box NOT
(Purpose(s) of corporation author 9. Name and street address of acceptable)	ized in home state or country to be carried out in the state of Florida)
9. Name and street address of acceptable) Name:Dr. J.	ized in home state or country to be carried out in the state of Florida) Florida registered agent: (P.O. Box or Mail Drop Box NOT
9. Name and street address of acceptable) Name:Dr. J.	Florida registered agent: (P.O. Box or Mail Drop Box NOT Anthony Huggins 201 East Pine Street, Suite 600
9. Name and street address of acceptable) Name:Dr. J.	Florida registered agent: (P.O. Box or Mail Drop Box NOT Anthony Huggins 201 East Pine Street, Suite 600 Orlando , Florida , 32801
(Purpose(s) of corporation author 9. Name and street address of acceptable) Name:	Florida registered agent: (P.O. Box or Mail Drop Box NOT Anthony Huggins 201 East Pine Street, Suite 600 Orlando Florida, 32801 (Zip Code) ed agent and to accept service of process for the above stated agent in this application, I hereby accept the appointment as in this capacity. I further agree to comply with the provisions of

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: Dr. J. Anthony Huggins Address: 201 East Pine Street, Suite 600, Orlando, Florida 32801 Director: Dr. Jon M. Knight Address: 201 East Pine Street, Suite 600, Orlando, Florida 32801 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Dr. J. Anthony Huggins Address: 201 East Pine Street, Suite 600, Orlando, Florida 32801 Vice President: __Dr. Jon M. Knight Address: 201 East Pine Street, Suite 600, Orlando, Florida 32801 Secretary: Dr. Jon M. Knight Address: 201 East Pine Street, Suite 600, Orlando, Florida 32801 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) 14. J. Anthony Huggins, President

(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APAM HOLDINGS, INC." 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 TWELFTH DAY OF NOVEMBER, A.D. 1996.

FURTHER CERTIFY THAT THE FRANCHISE TAXES

Edward J. Freel, Secretary of State

DATE:

AUTHENTICATION:

8186516

11-12-96

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