### 10000 6882 THE UNITED STATES CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 632925 7140283

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : December 12, 1997

100002384051--4 -12/29/97--01021--001 \*\*\*\*122.50 \*\*\*\*122.50

ORDER TIME : 9:22 AM

ORDER NO. : 632925-025

CUSTOMER NO: 7140283

CUSTOMER: Mr. Mike Higgins

Associated Creditors Exchange,

3550 N. Central Avenue

Suite 250

Phoenix, AZ 85012

#### FOREIGN FILINGS

NAME:

ASSOCIATED CREDITORS EXCHANGE,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY.

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

## 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	ASSOCIATED CREDITORS E				
•	(Name of corporation: must include the abbreviations of like import in language or partnership if not so contained in the	e word "INCORPORATED", "CO e as will clearly indicate that it is e name at present.	MPANY", "CORPORA s a corporation instea	TION" or d of a na	words or tural person
2	ARIZONA (State or country under the law of whi	```	0634219		
	(State or country under the law of whi	ch it is incorporated) (FEI nu	umber, if applicable)		
4.	7/20/71 (Date of Incorporation)	5PERPETUAL			
	(Date of Incorporation)	(Duration: Year cor	rp. will cease to exist	or "parp	etHal")
6.	UPON APPROVAL			-1	25€
Ο.	(Date first transacted business in Florid	a (See sections 607 1501 60:	7 1502 017 150	<u></u>	<u> </u>
			7.1502, and 817.155	n, F.STP 	FIAR
7.	3550 NORTH CENTRAL AVE	NUE, SUITE 250			_8~ <u>F</u> _
	PHOENIX, ARIZONA 8501	2		1 m	D JF ST
		(Current mailing address)		~ 2	
8.	DEBT COLLECTIONS			က်	SWO
	(Purpose(s) of corporation authorize	ed in home state or country to	ne carried out in the	state of C	
	, , , , , , , , , , , , , , , , , , , ,	on the state of country to a	be carried out in the s	state of F	iorida)
9.	Name and street address of Flor	ida registered agent: (P.O.	Box or Mail Drop I	Box <u><b>NO</b></u> ]	Ε
	acceptable) Name: Con	poration Service Company			
	Office Address:	1201 Hays Street			
		Tallahassee	, Florid <u>a,</u> _	32301	
				(Zip Co	de)

#### 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.

By: (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. DIREC	TORS (Street address only- P.O. Box NOT acceptable)		
Chairman:	JOSEPH A. BERARDI		
Address:	3550 NORTH CENTRAL AVENUE, SUITE 250		
_	PHOENIX, ARIZONA 85012		
Vice Chairm	an:		
Address: _			
_			
Director: _	JOSEPH A. BERARDI	97	DIV.
Address: _	3550 NORTH CENTRAL AVENUE, SUITE 250	DEC	SION
_	PHOENIX, ARIZONA 85012	29	95 187
Director: _	MICHAEL G. HIGGINS		
Address: _	3550 NORTH CENTRAL AVENUE, SUITE 250	<u>.</u>	STAI DRAT
	PHOENIX, ARIZONA 85012	CI CI	ONS
B. OFFICE	RS (Street address only- P.O. Box NOT acceptable)		
President:	JOSEPH A. BERARDI		
Address: _	3550 NORTH CENTRAL AVENUE, SUITE 250		
	PHOENIX, ARIZONA 85012		
Vice Presider	nt:		
Address: _			<del>- ·                                     </del>
Secretary: _	MICHAEL G. HIGGINS		
Address: _	3550 NORTH CENTRAL AVENUE, SUITE 250		
_	PHOENIX, ARIZONA 85012		
Treasurer: _	MICHAEL G. HIGGINS		
Address: _	3550 NORTH CENTRAL AVENUE, SUITE 250		
	PHOENIX, ARIZONA 85012		
and/or directo	essary, you may attach an addendum to the application listing additional offi	cers	
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	olicatio	n.)
t	V,		

14. MICHAEL G. HICGINS, SECRETARY/TREASURER
(Typed or printed name and capacity of person signing application)



# STATE OF ARIZONA



Office of the

#### **CORPORATION COMMISSION**

To all to whom these presents shall come, greeting:

I, Jack Rose, Executive Secretary of the Arizona Corporation

Commission, do hereby certify that

\*\*\*ASSOCIATED CREDITORS EXCHANGE, INC. \*\*\*

a domestic corporation organized under the laws of the state of Arizona, did incorporate on July 20, 1971.

I further certify that this corporation has filed all affidavits and annual reports and paid all filing fees required to date and, therefore, is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the offical seal of the Arizona Corporation Commission. Done at Phoenix, the Capitol, this 12th day of December, 1997, A. D.



Executive Secretary

BY: This On Bogan

