

# F980000000120

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Training Solutions, 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:

Richard M. Genender

(Name of Person)

Training Solutions, Inc.

(Firm/Company)

6671 N.W. 43rd Terrace

(Address)

Boca Raton, FL 33496

(City/State/Zip)

400002393674--9

-01/08/98-01032-007

\*\*\*\*70.00 \*\*\*\*70.00

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

Richard Genender

(Name of Person)

at ( 561 ) 912-9161

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN -8 PM 1:07  
11/8

# 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. Training Solutions, 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. Illinois  
(State or country under the law of which it is incorporated)
3. 36-3092873  
(FEI number, if applicable)
4. October 7, 1980  
(Date of Incorporation)
5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. January 2, 1998  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 6671 N.W. 43rd Terrace  
Boca Raton, FL 33496  
(Current mailing address)
8. Management consultation and the design and development of training programs.  
(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:** (P.O. Box or Mail Drop Box **NOT** acceptable)

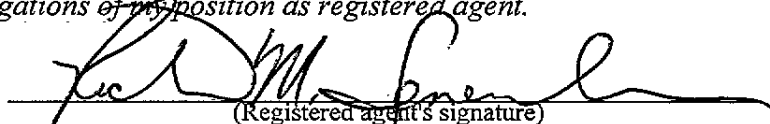
Name: Richard M. Genender

Office Address: 6671 N.W. 43rd Terrace

Boca Raton, Florida, 33496  
(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)

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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
98 JAN -8 PM 1:07

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: \_\_\_\_\_ Carla E. Genender

Address: \_\_\_\_\_ 6671 N.W. 43rd Terrace  
\_\_\_\_\_ Boca Raton, FL 33496

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

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

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

President: \_\_\_\_\_ Carla E. Genender

Address: \_\_\_\_\_ 6671 N.W. 43rd Terrace  
\_\_\_\_\_ Boca Raton, FL 33496

Vice President: \_\_\_\_\_

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

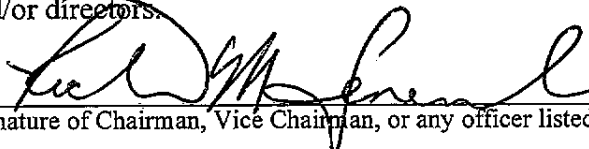
Secretary: \_\_\_\_\_ Richard M. Genender

Address: \_\_\_\_\_ 6671 N.W. 43rd Terrace  
\_\_\_\_\_ Boca Raton, FL 33496

Treasurer: \_\_\_\_\_

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

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

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

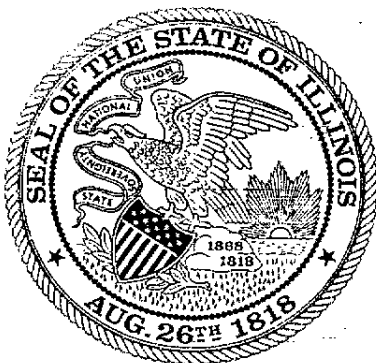
14. \_\_\_\_\_ Richard M. Genender, Secretary  
(Typed or printed name and capacity of person signing application)

File Number 5218-700-1



**To all to whom these Presents Shall Come, Greeting.**

I, George H. Ryan, Secretary of State of the State of Illinois,  
do hereby certify that TRAINING SOLUTIONS, INC., A DOMESTIC  
CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE OCTOBER 7,  
1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE  
BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF  
ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE,  
IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF  
ILLINOIS\*\*\*\*\*



**In Testimony Whereof,** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois this 30TH  
day of DECEMBER A.D., 19 97

*George H. Ryan*  
\_\_\_\_\_  
SECRETARY OF STATE