PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

. .	CICATION FOR STATEMENT			DEPAR Katherii Secretar	ne Ha	tate	1	: n		
DOCUMENT # F9800000371							FILE NOV 14	AM 9: 26		
AON CONSULTING, INC. OF NEW JERSEY							SECRETARY ALL AHASSI	OF STATE EE, FLORIDA	•	
Principal Place of Business Mailing Address						1	ALLA			
270 DAVIDSON AVENUE -270 DAVIDS SOMERSET NJ 08873 -SOMERSET				ON AVENUE						
MOAON C					Office Address, If Applicable			prated or Qualified less in Florida	O1/20/	11008
Suite, Apt. #, etc. Suite, Apt. #,				etc. RANDOLPH, 8th FI.			5. FEI Number		01/20/	Applied For
City & State City & State								22-2608561		Not Applicable
Zip Country Zip 60				60) Country A			6. CERTIFICATE	OF STATUS DESIRED	S8.75 Add for a Ce	ditional Fee required ertificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s) 1	Name of Officers and/or Directors			3		eet Address of Each icer and/or Director		4	City / State / Z	ip
PD	GULOTTA, MICHAEL J			270 DAVIDSON AVENUE, 7TH FLO			LOOR	SOMERSET NJ	08873	
VP -	GISH, JOHN BARRY, RI	270 DAVIDSON AVENUE, 7TH FLOOR SOMERSET NJ 08873 200 E. RANDOLPH, 8th FL CHICAGO, 14 60601								
٧	ECKER, FRANKLIN	270 DAVIDSON AVENUE, 7TH FLOOR SOMERSET NJ 08873.								
٧	HANDSTROM, BÉVE POWELL,	270 DAVIDSON AVENUE, 7TH FLOOR SOMERSET NJ 08879 200 E. RANDOLPH, 19th FL. CHICAGO, 16 60601								
Á	-BASU, KALYAN K- SLAMAR	270 DAVIDSON AVENUE, 7TH FLOOR SOMERSET NJ 08873. 200 E. RANDOLPH, 18th FL. CHICAGO, 1L 60601						60601		
٧	BONE, CHRISTOPHER M 270 DAVIDS SOLINSKI, PAULETTE 200 E.					AVENUE, 7TH FL ANDOLPH,	14th FL.		60, 1L	60601
8. Name and Address of Current Registered Agent Name						Name	9. Name and A	ddress of New Regi	stered Agent	
CORPORATION SERVICE COMPANY Street Address							P.O. Box Number i	s Not Acceptable)		
1201 HAYS STREET TALLAHASSEE FL 32301-						Suite, Apt. #, Etc.				
ry name to a 100 feet the Othory to					City State Zip Code					
									FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 300004678723~-7										
Signature of M&BANATEURIL REQUIRED Registered Agent Date 11/13/01 REGISTERED AGENT MUST SIGN										
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.										

SIGNATURE: SULLIGIZATION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #



ACCOUNT NO. : 072100000032

409052 REFERENCE

4385593

AUTHORIZATION

COST LIMIT

\$ 750.00

ORDER DATE: November 13, 2001

ORDER TIME : 9:59 AM

ORDER NO. : 409052-005

CUSTOMER NO: 4385593

CUSTOMER: Ms. Karen Wittman

Aon Corporation

Aon Center

200 East Randolph Drive, 8th F

Chicago, IL 60601

REINSTATEMENT

NAME: AON CONSULTING, INC. OF NEW

JERSEY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133

EXAMINER'S INITIALS