

Document Number Only

**F98000002656**

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

**CORPORATION(S) NAME**

900002518399--8  
-05/11/98--01045--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

900002518399--8  
-05/11/98--01045--011  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

*Incentive Financial Services Inc.*

95/11

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DIVISION OF CORPORATIONS  
98 MAY 11 PM 1:33

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                 |   |   |
| <input type="checkbox"/> Limited Liability Co.     |   |   |
| <input checked="" type="checkbox"/> Foreign        | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of R.A.     |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |   |   |

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Name
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Verifier
Acknowledgment
W.P. Verifier

**MAY 11 1998**

Thanks  
Jeff

**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. INCENTIVE FINANCIAL SERVICES 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. 36-4213120

(FEI number, if applicable)

4. January 13, 1998

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. c/o ALTO U.S. Inc., 390 S. Woods Mills Road, Suite 300, Chesterfield, MO 63017

(Current mailing address)

8. Financial services

(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:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip Code)

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10. Registered agent 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 obligation of my position as registered agent.*

C T CORPORATION SYSTEM

(Registered agent's signature) (Officer)

**Patrick A. Nolan**

**Assistant Secretary**

(Type Name and Title of Officer)

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:

A. DIRECTORS (Street address only - P.O. Box **NOT** acceptable)

Chairman: Jan Berg

Address: c/o Incentive Financial Services A/S

Kongens Nytorv 28 DK-1013 Copenhagen K

Vice Chairman: \_\_\_\_\_

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

Director: Poul Erik Tarp

Address: c/o Incentive Financial Services A/S

Kongens Nytorv 28 DK-1013 Copenhagen K

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

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

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

President: Erik Björn Jensen

Address: c/o Incentive Financial Services A/S

Kongens Nytorv 28 DK-1013 Copenhagen K

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

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

Secretary: Annegrete Lynggaard

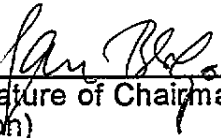
Address: c/o Incentive Financial Services A/S

Kongens Nytorv 28 DK-1013 Copenhagen K

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

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

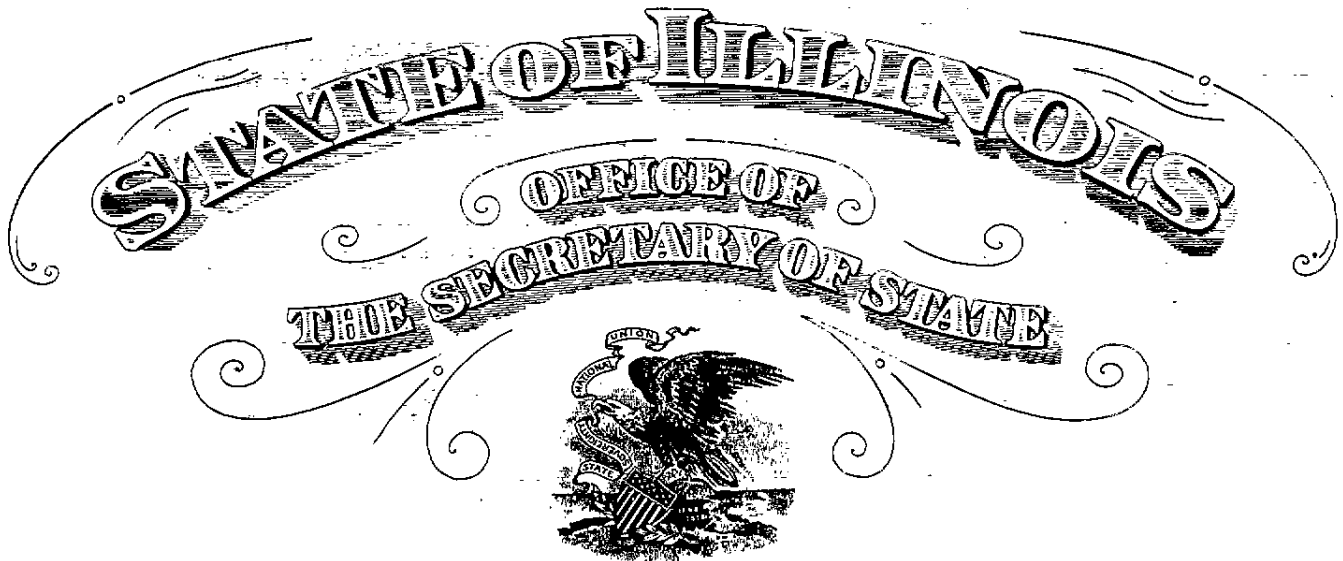
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Jan Berg, Chairman  
(Typed or printed name and capacity of person signing application)

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File Number 5976-091-2



**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 INCENTIVE FINANCIAL SERVICES INC., A DOMESTIC  
CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JANUARY 13,  
1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE  
BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE 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 heretoreset  
my hand and cause to be affixed the Great Seal of  
the State of Illinois this 5TH  
day of MAY A.D., 19 98

George H Ryan  
SECRETARY OF STATE

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98 MAY 11 PM 1:14