

F 980000004730

TRANSMITTAL LETTER

Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MPE BUSINESS FORMS, 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:

800002564548-4
-05/18/98-01075-001
*****70.00 *****70.00

THOMAS R. EDWARDS

(Name of Person)

MPE Business Forms, Inc.

(Firm/Company)

1100 E. Oak

(Address)

DeKalb, IL 60115

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 AUG 19 AM 11:02

FILED

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

Thomas R. Edwards at (800) 638-8750

(Name of Person)

(Area Code & Daytime Telephone Number)

W98-14097

COURIER ADDRESS:

Qualification/Tax Lien Section
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

8/19/98



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 19, 1998

THOMAS R. EDWARDS
MPE BUSINESS FORMS, INC.
1120 E. OAK
DEKALB, IL 60115

IL-Sec. of State
217-782-7808
* 217-782-6875

SUBJECT: MPE BUSINESS FORMS, INC.
Ref. Number: W98000014097

We have received your document for MPE BUSINESS FORMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

ordered 6/20/98
A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (850) 487-6094.

Agnes Lunt
Document Specialist

Letter Number: 798A00033973

**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. MPE BUSINESS FORMS, 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 3. 36-3917364
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JANUARY 1 1993 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1120 E. OAK ST.
DEKALB, IL 60115
(Current mailing address)
8. MANUFACTURING OF BUSINESS FORMS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: JERRY NERING
Office Address: 2125 Ryan Blvd
PUNTA GORDA, FL, Florida, 33950
(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Jerry Nering
(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. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Thomas R. Edwards Home:
Address: 1120 E. Oak St. 7 Yorkshire Ct.
DeKalb, GA 60115 S. Elgin, IL 60177

Vice Chairman: Twyla S. Edwards Home:
Address: 1120 E. Oak St. 7 Yorkshire Ct.
DeKalb, GA 60115 S. Elgin, IL 60177

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Thomas R. Edwards Home:
Address: 1120 E. Oak St. 7 Yorkshire Ct.
DeKalb, IL 60115 S. Elgin, IL 60177

Vice President: _____

Address: _____

Secretary: Twyla S. Edwards Home:
Address: 1120 E. Oak 7 Yorkshire Ct.
DeKalb, GA 60115 S. Elgin, IL 60177

Treasurer: _____

Address: _____

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

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

14. Thomas R. Edwards - President
(Typed or printed name and capacity of person signing application)

File Number 5706-171-5



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 M.P.E. BUSINESS FORMS, INC., A DOMESTIC
CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE NOVEMBER 10,
1992, 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 JUNE 98
A.D., 19

George H. Ryan
SECRETARY OF STATE