TRANSMITTAL LETTER

Qualification/Tax Lien Section **Division of Corporations** AXIS, INC. SUBJECT: (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: WILLIAM C CONNOR (Name of Person) THE LEITER GROUP (Firm/Company) 309-A MAIN STREET (Address) PEORIA, ILLINOIS 61602 (City/State/Zip) *****70.00 Should you need to call someone concerning this matter, please call: WES-17185 WILLIAM C CONNOR 309 (Area Code & Daytime Telephone Number) (Name of Person) COURIER ADDRESS:

Qualification/Tax Lien Section

To:

409 E. Gaines St. Tallahassee, FL 32399

Division of Corporations

MAILING ADDRESS:

Qualification/Tax Lien Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 5, 1998

WILLIAM C. CONNOR THE LEITER GROUP 309-A MAIN ST PEORIA, IL 61602

SUBJECT: AXIS, INC.

Ref. Number: W98000017785

We have received your document for AXIS, 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 998A00040966

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned	Raymond Adams (Name)	, do hereby certify
that this Resolution of the	e Board of Directors of <u>Axis, Tnc</u>	
	(Corporate Name)	
a corporation duly organi	zed and existing under the laws of the State or	f,
was duly adopted on		, 19 <u>98</u> .
Be it resolved, that	Axis, Inc. (Corporate Name)	
organized and existing in	the State of <u>Illinois</u>	, hereby adopts the name
Axis, Inc.	of Illinois	for use in Florida.
Dated: 8/13/98		
×	Paymord Dasawa Signature of either Chairman, Vice Chairman or any	SECRETARY SECRETARY 98 AUG 24 1
	RAYMOND G. ADAMS Type or print name	OF STATE RPORATIONS

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. AXIS, 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.) 3. 36-3521444 (FEI number, if applicable) ILLINOIS (State or country under the law of which it is incorporated) JULY 06, 1998 1987 Ma 5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) APPROXIMATE AUGUST 1998 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 2201 W. TOWNLINE ROAD PEORIA, IL 61615 (Current mailing address) TO DO ANY AND ALL ACTS AND THINGS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE BUSINESS CORPORATION ACT OF 1983 OF THE STATE OF IL. (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) CT CORPORATION SYSTEM JOY ALMACEN Name: 1200 S PINE ISLAND ROAD Office Address: PLANTATION 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)

PETER F. SOUZA ASSISTANT SECRETARY

^{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. PIRECTORS (Street address only - P.O. Box NOT acceptable) Address: ____ Director:
RAYMOND G. ADAMS Address: _____ 7555 BALLINSHIRE N. DR. INDIANAPOLIS, IN <u>46254</u> Director: AJAY SHANKAR Address: 1121 W. AUSTIN DR. PEORIA, IL 61614 Director: ____ ROHIT CHAND Address: B-19 DEFENSE COLONY NEW DELHI, INDIA 110024 B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: AJAY SHANKAR 1121 W. AUSTIN DR. Address: PEORIA, IL 61614 Vice President: ____RABIN LAI Address: 312 W. MORNINGSIDE PEORIA, IL 61614 Secretary: CEO/Chairman: RAYMOND G. ADAMS Address: _____ 7555 BALLINSHIRE N. DR. INDIANAPOLIS, IN 46254 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) RAYMOND G. ADAMS, SECRETARY/CEO/CHARIMAN/DIRECTOR (Typed or printed name and capacity of person signing application)

File Number_ 5472-320-2



and the second s

I, George H. Ryan, Secretary of State of the State of Illinois,

do hereby certify that

AXIS, INC., A DOMESTIC CORPORATION,
INCORPORATED UNDER THE LAWS OF THIS STATE JULY 6, 1987, 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 Tes	timony WI	perent, I	hereto sel
my hand a	nd cause to be	affixed the Gr	eat Seal of
the State of .			13TH
day of	JULY	A.D., 19	98

George H Ryan SECRETARY OF STATE