

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005229

1. Corporation Name

ASSOCIATES COMMERCE SOLUTIONS, INC.

Principal Place of Business

2500 LAKE COOK ROAD
RIVERWOODS IL 60015

Mailing Address

2500 LAKE COOK ROAD
RIVERWOODS IL 60015

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

250 Carpenter Freeway

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P O Box 6660237

Suite, Apt. #, etc.

ATTN: CORPORATE TAX DEPT

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1998

5. FEI Number

36-3368320

Applied For

Not Applicable

City & State

Irving, TX 75062

City & State

Dallas, TX 75266-0237

Zip

75062

Country

DALLAS

Zip

75266-0237

Country

Dallas

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
PD	ROBINSON, RICHARD L	250 CARPENTER FREEWAY	IRVING TX
ASVO	GREENE, PATRICK MICHAEL J. FREDERICK	250 CARPENTER FREEWAY	IRVING TX
TEVP	HUGHES, JOHN F	250 CARPENTER FREEWAY	IRVING TX
D	BERMAN, DON A	250 CARPENTER FREEWAY	IRVING TX
D	HUNTER, JOHN F	250 CARPENTER FREEWAY	IRVING TX
S	DALY, TIMOTHY	250 CARPENTER FREEWAY	IRVING TX

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

C/O CT Corporation System

City

Plantation

State

FL

Zip Code

33324

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/18/00

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 filing 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/2000

Daytime Phone #