

F98000005937

FILING COVER SHEET

REFERENCE: 0173. 4278
DATE: 10-23-98
CONTACT: CINDY HICKS
FROM: CORPORATE & CRIMINAL RESEARCH SERVICES
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301
TELEPHONE: 222-1173
SUBJECT: DHR International, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 23 AM 9:16

mt
10/23

STATE FEES PREPAID WITH CHECK # 11909 FOR \$ 70.00
3511 1,150.00

8000002671769--5
-10/26/98--01006--003
*****70.00 *****70.00

PLEASE FILE:

- | | | |
|---|--|--|
| <input type="checkbox"/> ARTICLES OF INC. | <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input checked="" type="checkbox"/> QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> ANNUAL REPORT |
| <input type="checkbox"/> FICTITIOUS NAME | <input type="checkbox"/> LIMITED LIABILITY | <input type="checkbox"/> REINSTATEMENT |
| <input type="checkbox"/> TRADEMARK/SERVICE | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |

PROVIDE US WITH:

- | | | |
|---|--|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF STATUS | <input checked="" type="checkbox"/> STAMPED COPY |
|---|--|--|

Examiner's Initials

RECEIVED
OCT 23 PM 4:15
86
8000002671769--5
-10/26/98--01006--004
1150.00 **70.00

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. DHR International, 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. 36-3620344
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 9, 1989 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 5-1-97
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 10 South Riverside Plaza, Suite 2220, Chicago, IL 60606
(Current mailing address)
8. Executive Search 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: (P.O. Box or Mail Drop Box **NOT** acceptable)

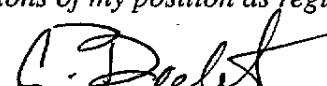
Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida, 32301
(Zip Code)

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.


by: C. Baclet (Registered agent's signature) Vice President

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 28 AM 9:16

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: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See Attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13.

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

14.

David H. Hoffmann, President
(Typed or printed name and capacity of person signing application)

98 OCT 23 AM 9:16

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DHR INTERNATIONAL, INC.
OFFICERS and DIRECTORS LIST

OFFICERS

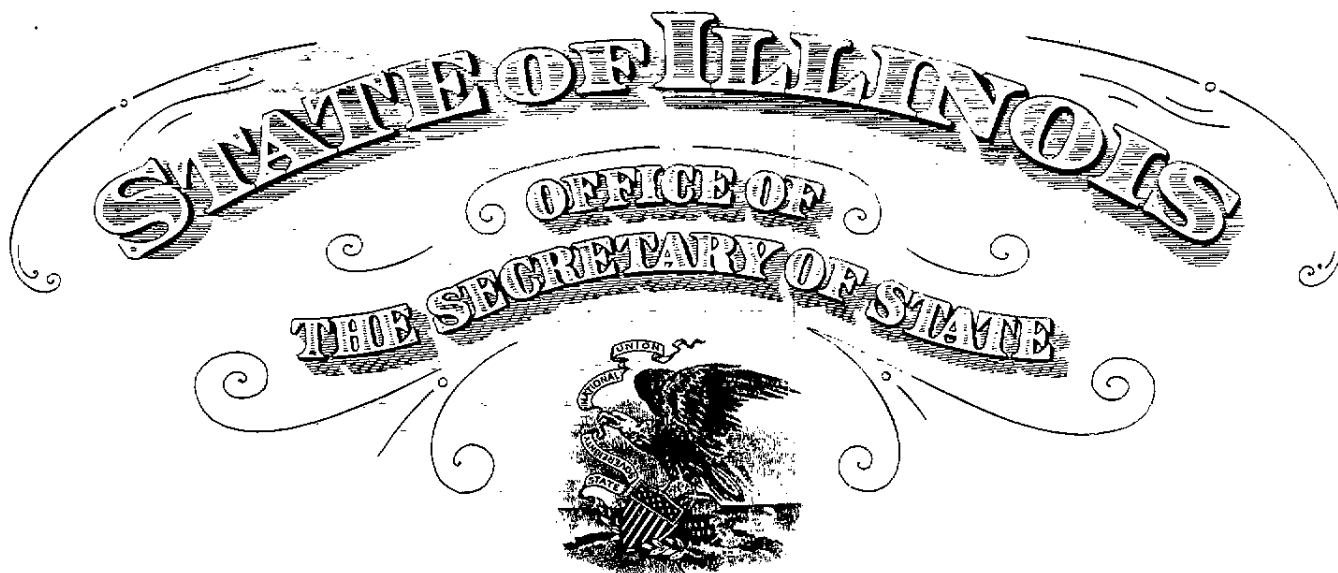
NAME	TITLE	ADDRESS
David H. Hoffmann	President, CEO	10 Riverside Plaza Suite 2220 Chicago, IL 60606
Gloria Seghi	Secretary, Treasurer	10 Riverside Plaza Suite 2220 Chicago, IL 60606

DIRECTORS

NAME	ADDRESS
David H. Hoffmann	10 Riverside Plaza Suite 2220 Chicago, IL 60606
Jerrilyn M. Hoffmann	10 Riverside Plaza Suite 2220 Chicago, IL 60606
Gloria Seghi	10 Riverside Plaza Suite 2220 Chicago, IL 60606

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 23 AM 9:16

File Number 5536-179-7



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 DHR INTERNATIONAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JANUARY 9, 1989, 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*****

FILED
SECRETARY OF STATE
DIVISION
98 OCT 3 AM 9:15



In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois this* 16TH *day of* OCTOBER *A.D., 19* 98

George H Ryan

SECRETARY OF STATE