To: Qualification/Tax Lien Section **Division of Corporations**

SUBJECT: SHEFFIELD (Namé 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:

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

(Name of Person)

at (709) 489-6800 ****131.

(Area Code & Daytime Telephone Number)

STREET 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

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. SHEFFIELD SYSTEMS, 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. TLLINOIS
(State or country under the law of which it is incorporated)

3. 36-3405/69
(FEI number, if applicable) 4. 0/-/8-95 5. PEPETUAL (Duration: Year corp. will cease to exist or "perpetual") 6. Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. <u>5601 W. 120th STREET</u>

ALS 19, TLLTNOTS 60803

(Current mailing address) 8. To PROVIDE PAY TELEPHONE RELATED SERVICES
(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: JOSEPH J. AMENDALA Office Address: 1736 PERSIMMON DRIVE NAPLES, F-LORIDA , Florida, 34/0 8 (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

(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.

and accept the obligations of my position as registered agent.

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: JOSEPH J. AMENDALA				
Address: 560/ W. 120th STREET				
: ALSIP, ILLINOIS 60803				
Vice Chairman: N/A				
Address:				
Director: BRIAN AMENDALA				
Address: 5601 W. 120th JTREET				
ALSIP, ILLINOIS 60803				
Director:				
Address:				
01VIS				
B. OFFICERS (Street address only - P.O. Box NOT acceptable)				
President: TOSEPH J. AMENDALA				
Address: 5601 W. 120th STREET 5				
ALSIP, TILINOIS 60803				
Vice President: BRIAN AMENDALA				
Address: 560/ W. 120th STREET				
ALSIP, ILLINOIS 60883				
Secretary: ANPHONY V. TARANTO				
Address: 560/ W. 120th ST.				
ALSIP, ILLINOIS 60803				
Treasurer: BRIAN AMENDALA				
Address: 5601 W. 120th 57.				
ALSIP, ILLINOIS 60803				
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. TASEPH T. AMENDALA, PRESIDENT				
(Typed or printed name and capacity of person signing application)				

File Number ____ 5371-377-7



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

do hereby certify that

SHEFFIELD SYSTEMS, INC., A DOMESTIC

CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JANUARY 18,
1985, 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 Whe	rrof, I hereto	set
		lfixed the Great Sea	
the State of .	Illinois this	10TH	
day of		A.D., 19_98.	