Document Number Only 760 CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street 700002714027——9 -12/17/98—01009—006 Address 32301 222-1092 Tallahassee, *****70.00 ****70.00 Phone Zip State City CORPORATION(S) NAME (Profit () Merger () Amendment () NonProfit) Limited Liability Co. () Dissolution/Withdrawal () Mark **©**✓ Foreign () Other ucc Filing) Annual Report () Limited Partnership () Change of R.A. () Reservation () Reinstatement) Fic. Name () Photo Copies () Certified Copy After 4:30 () Call if Problem () Call When Ready Pick Up Walk in () Mail Out Name PLEASE RETURNSEXTRA Availability Document TO Examiner JEFFREY D. BUTTERFIELD Updater Verifier Acknowledgment W.P. Verifier

CR2E031 (1-89)

.-APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. Nelson, Ostrom, Baskin, Berman and Associat	
(Name of corporation: must include the word "INCORPOR words or abbreviations of like import in language as will cle natural person or partnership if not so contained in the name	arly indicate that it is a corporation instead of a
2. Illinois	3. 36-6135217
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 12/29/65 5	Perpetual
(Date of incorporation) (Date	aration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification	
(Date first transacted business in Florida. (SEE SECT)	IONS 607.1501, 607.1502, and 817.155, F.S.)
7. 321 North Clark Street, Suite 1100	0
Chicago, Illinois 60610	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
8. Professional engineering and architectural	
(Purpose(s) of corporation authorized in home state of Plorida registered agent: (Name: C T CORPORATION SYSTEM	ü ≦≅
Office Address: 1200 South Pine Island Road	
Plantation	Florida, 33324 (Zip code)
10. Registered agent acceptance:	
Having been named as registered agent and to accept service of pin this application. I hereby accept the appointment as registered comply with the provisions of all statutes relative to the proper a and accept the obligation of my position as registered agent. C T CORPORATION SY (Registered agent's signature)	l agent and agree to act in this capacity. I further agree to nd complete performance of my duties, and I am familiar with

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

(FL019 - 4/23/98)

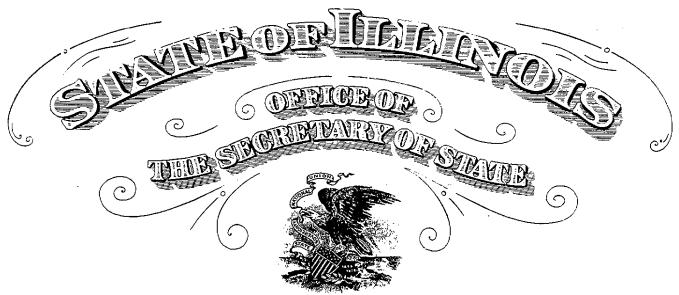
of which it is incorporated.

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)
Chairm	an: <u>Douglas J. Chidley</u>	· ·

Address: _	321 North Clark Street, Suite 1100, Chicago, IL 60610
Vice Chair	
Address:	
Director:_	Stanleigh G. Fox
Address:	321 N. Clark Street, Suite 1100
_	Chicago, IL 60610
Director: _	Thomas Hofmaier S S S S S S S S S S S S S S S S S S S
Address: _	321 N. Clark Street, Suite 1100
B. OFF	Chicago, IL 60610 ICERS (Street address only - P.O. Box NOT acceptable)
President:	Douglas J. Chidley ω
Address: _	321 N. Clark Street, Suite 1100
-	Chicago, IL 60610
Vice Presid	lent:
Address: .	
-	
Secretary:	Jean R. Chidley
Address: .	321 N. Clark Street, Suite 1100
	Chicago, IL 60610
Treasurer:	Jean R. Chidley
Address: .	321 N. Clark Street, Suite 1100
	Chicago, IL 60610
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Con 1. Chelle
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	Jean R. Chidley, Corporate Secretary and Treasurer (Typed or printed name and capacity of person signing application)
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File Number 4607-926-4



To all to whom these presents Shall Come, Greeting:

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



In Testimony	Mhereof,	_
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day of _____ DECEMBER A.D., 19 98

George H Ryan
SECRETARY OF STATE