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## Corporation Guarantee and Trust Company

701 ARCHITECTS BUILDING

117 SOUTH 17TH STREET, PHILADELPHIA, PA 19103-5090

TELEPHONE (215) 563-6131 • FAX (215) 563-9410

Via Federal Express #807005830194  
December 31, 1998

Division of Corporations  
Department of State  
409 E. Gaines Street  
Tallahassee, FL 32399

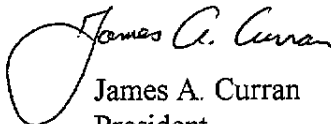
RE: CONSOLIDATED BILLING SYSTEMS, INC.

Dear Sir or Madam:

Enclosed is duplicate Application for Authority of the above Delaware company for filing with your office, together with Certificate of Good Standing and our \$78.75 check to cover filing fees.

Please send your usual acknowledgment and receipt to this office when the filing has been completed.

Cordially yours,

  
James A. Curran  
President

JAC/ey

Enclosures

LC 1/5  
FILED  
99 JAN -4 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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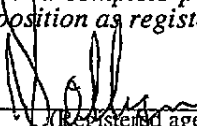
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

**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. CONSOLIDATED BILLING 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. DELAWARE  
(State or country under the law of which it is incorporated)
3. APPLIED FOR  
(FEI number, if applicable)
4. 6/11/98  
(Date of Incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 1100 PARK CENTRAL BOULEVARD SOUTH, SUITE 1100  
POMPAN0 BEACH, FL 33064  
(Current mailing address)
8. WEB PAGE SALES  
(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: NEIL D. SOLLINGER  
  
Office Address: 1100 PARK CENTRAL BOULEVARD, SOUTH  
SUITE 1100  
  
POMPAN0 BEACH, Florida, 33064  
(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.*

  
(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.

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99 JAN -4 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: NEIL D. SOLLINGER

Address: 100 PARK CENTRAL BOULEVARD, SOUTH, SUITE 1100  
POMPANO BEACH, FL 33064

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: NEIL D. SOLLINGER

Address: 1100 PARK CENTRAL BOULEVARD, SOUTH, SUITE 1100  
POMPANO BEACH, FL 33064

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

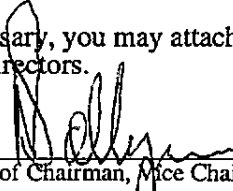
Secretary: NEIL D. SOLLINGER

Address: 1100 PARK CENTRAL BOULEVARD, SOUTH, SUITE 1100  
POMPANO BEACH, FL 33064

Treasurer: NEIL D. SOLLINGER

Address: 1100 PARK CENTRAL BOULEVARD, SOUTH, SUITE 1100  
POMPANO BEACH, FL 33064

**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. NEIL D. SOLLINGER CHAIRMAN  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

State of Delaware  
Office of the Secretary of State

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONSOLIDATED BILLING SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONSOLIDATED BILLING SYSTEMS, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JUNE, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED  
90 JAN -4 PM 2:04  
SECRETARY OF STATE  
DELAWARE



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9495788

DATE: 12-30-98