11/02/2005 11:02 8502227615 CT CORP PAGE 02/02
NOV-01-2005 15:07 CT CORP 312 263 0124 P.03

APPROVED AND FILED

H05000255220

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

05 NOV -2 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 0305

DOCUMENT # F99000000935

1. Corporation Name
Customer Support Center, Inc.

2. Principal Office Address	3. Mailing Office Address
3000 Lakeside Dr, Ste 200N	3000 Lakeside Drive
Suite, Apt. #, etc. Suite 200N	Suite, Apt. #, etc. Suite 200N
City & State Bannockburn, IL	City & State Bannockburn, IL
Zip 60015 Country USA	Zip 60015 Country USA

4. Date Incorporated or Qualified To Do Business in Florida February 1999

5. FEI Number 42-1485210 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Lauren Froman Lauren Froman Assistant Secretary Date: 10/31/05

REGISTERED AGENT MUST SIGN

CR2E011(10/05)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President/ Director	Steven J. Taenisk[illegible]	10 Riverview Drive	Danbury, CT 06810
V P/ Director	Phillip A. Clark	10 Riverview Drive	Danbury, CT 06810
Secretary	Joseph Castelli	10 Riverview Drive	Danbury, CT 06810
Asst. Secretary	Kathryn A. Bogdanow	3000 Lakeside Dr, Ste 200N	Bannockburn, IL 60015

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

SIGNATURE: K Bogdanow 10/24/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 03/02/2005 C T System Online

H05000255220

NOV - 2 2005

2/2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000255220 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

CUSTOMER SUPPORT CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

Electronic Filing Menu Corporate Filing Public Access Help