

TRANSMITTAL LETTER

	dualification/Tax Lien Section Division of Corporations	
SUBJEC	T:HMC FINANCIAL SERVICES, INC.	
	(Name of corporation - must include suffix)	
Dear Sir	or Madam:	
"Certific	osed "Application by Foreign Corporation for Authorization to Transact Business in Floridate of Existence", and check are submitted to register the above referenced foreign corporate business in Florida.	la", ition
Please re	turn all correspondence concerning this matter to the following: 400002821:	1100 000
	SHANNON S. FRANK *****70.00	*****70.00
	(Name of Person)	
	LAVALLO & FRANK	
	(Firm/Company)	
	P.O. BOX 15217	
	(Address)	
	EVANSVILLE, INDIANA 477716	9
	(City/State/Zip)	
		WEERE AR
Should y	ou need to call someone concerning this matter, please call:	ARY OF STATES
SHAN	INON S. FRANK at (812) 477-6510	9: 44
	(Name of Person) (Area Code & Daytime Telephone Number)	
		· oat
STREE'	T ADDRESS: MAILING ADDRESS:	y runc
Qualifica Division 409 E. G	ation/Tax Lien Section of Corporations vaines St. see, FL 32399 Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<i>3</i> 31
Enclosed	l is a check for the following amount:	
XK \$70.0	O Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Certificate of Status Certified Copy Certificate of Certified Copy	f Status &

which it is incorporated.

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.

INDIANA		3	N/A		
tate or country under the law of whi	ch it is incorporated	3)	(FEI number,	if applicable)	
02/19/98	5	PERPETU	AL .		
(Date of incorporation)		(Duration: Yo	ear corp. will cease t	o exist or "perpetual	.")
04/01/99		,			
(Date first transacted business in	r Florida.) (SEE SE	ECTIONS 607.1	501,607.1502 and 8	17.155, F.S.)	
1421 NORTH MAIN S	TREET, SUIT	TE 102N			
EVANSVILLE, IN 47	711				
	(Current mailing	; address)			99 V
					SECRE 99 MAR
REAL ESTATE	. <u>-</u>				20 3
(Purpose(s) of corporation auth	orized in home stat	e or country to l	be carried out in stat	of Florida)	9
lame and street address of Flor	ida registered a	gent: (P.O. B	ox or Mail Drop B	ox <u>NOT</u> acceptabl	le 권 목
Name: CT CORPORAT					8: 33
		· · · · ·			+
ce Address: 1200 S. PIN	E ISLAND RO	DAD			
PLANTATION		. 19	lorida, 33324		
			lorida, <u>33324</u> (Zip code)		-=
.					
Registered agent's acceptance					
	and to accent serv	ice of process fo	or the above stated o	orporation at the pl	lace designat
ing been named as registered agent application, I hereby accept the app	and to accept serv	, , , , , , , , , , , , , ,			

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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

A. DIRECT	ORS (Street address only - P.O. Box NOT acceptable)		
Chairman: _	JAMES HILL		
	10143 MOONEY LANE		
	ST. LOUIS, MO 63128		
Vice Chairm	an: WILLIAM MARVER		· · · · · · · · · · · · · · · · · · ·
Address:	1508 SOUTHFIELD		
	EVANSVILLE, IN 47715		<u> </u>
Director:	GARY CARTWRIGHT	 .	
Address:	4333 BRANDYWINE DRIVE		
_	NEWBURGH, IN 47630		
Director: _			
Address: _			
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)	99	S TI
President: _	JAMES HILL	<u> </u>	<u> </u>
	10143 MOONEY LANE	23	
	ST. LOUIS, MO 63128	3	<u> </u>
Vice Presid	ent: WILLIAM MARVER	— <u>←</u> – œ	<u> </u>
	1508 SOUTHFIELD		
	EVANSVILLE, IN 47715		
Secretary:	GARY CARTWRIGHT		
Address: _		<u> </u>	
_	NEWBURGH, IN 47630	·	
Treasurer:			
Address: _			
_			· · · · · · · · · · · · · · · · · · ·
NOTE: I	f 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)	<u> </u>	
14. WI	ILLIAM MARVER, VICE-PRESIDENT		
	(Typed or printed name and capacity of person signing application)		

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HMC FINANCIAL ENTERPRISES, INC.

filed Articles of Incorporation on February 19, 1998, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

DIVISION OF AM 8: LL



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Nineteenth day of March, 1999.

Sue anne Silroy, Secretary of State

Deputy