

F99000000 3912

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: ALLEASE, LTD.

(Name of corporation - must include suffix)

Dear Sir or Madam:

600002909906--0
-06/21/99--01020--001
*****70.00 *****70.00

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:

MS. TRACY M. QUINN

(Name of Person)

ALLEASE, LTD.

(Firm/Company)

3021 CULLERTON DRIVE

(Address)

FRANKLIN PARK, ILLINOIS 60131

(City/State/Zip)

600002909906--0
-07/26/99--01126--004
***2300.00 ***2300.00

W99-14619

Wd70976

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

MARK FRANZIOLI

(Name of Person)

at (847) 455-1950

(Area Code & Daytime Telephone Number)

COURIER 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
93 JUL 25 AM 10:08

mtu
7/30



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 23, 1999

TRACY M QUINN
ALLEASE LTD.
3021 CULLERTON DRIVE
FRANKLIN PARK, IL 60131

SUBJECT: ALLEASE, LTD.
Ref. Number: W99000014619

We have received your document for ALLEASE, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2300.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 499A00033425

99 JUL 26 AM 10:08
FILED
SECRETARY OF STATE

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

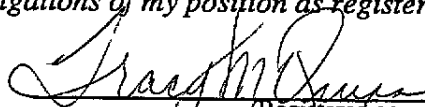
**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. ALLEASE, LTD. (AN ILL. CORP)
(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. ILLINOIS 3. 36-3803078
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. DECEMBER 2, 1991 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. FEBRUARY 28, 1997
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 3021 CULLERTON DRIVE
FRANKLIN PARK, ILLINOIS 60131
(Current mailing address)
8. LEASING OF PROPERTY AND EQUIPMENT
(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: MS. TRACY M. QUINN
SITE 56, UNIT 10
Office Address: 328 SEDGEWICK COURT
NAPLES, Florida, 34101
(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 21 AM 10:08

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: "SEE ADDENDUM TO APPLICATION" _____

Address: _____

Director: _____

Address: _____

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

President: MS. TRACY M. QUINN _____

Address: 3021 CULLERTON DRIVE _____

FRANKLIN PARK, ILLINOIS 60131 _____

Vice President: MS. LISA KORN _____

Address: 3021 CULLERTON DRIVE _____

FRANKLIN PARK, ILLINOIS 60131 _____

Secretary: MS. WENDY L. MARCONI-ROSMAN _____

Address: 3021 CULLERTON DRIVE _____

FRANKLIN PARK, ILLINOIS 60131 _____

Treasurer: MS. DAWN BOSSONG _____

Address: 3021 CULLERTON DRIVE _____

FRANKLIN PARK, ILLINOIS 60131 _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Lisa M. Korn
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 25 AM 10:08

ADDENDUM TO APPLICATION

DIRECTORS OF ALLEASE, LTD.

1. MS. TRACY M. QUINN
3021 CULLERTON DRIVE
FRANKLIN PARK, ILLINOIS 60131
2. MS. LISA KORN
3021 CULLERTON DRIVE
FRANKLIN PARK, ILLINOIS 60131
3. MS. WENDY L. MARCONI-ROSMAN
3021 CULLERTON DRIVE
FRANKLIN PARK, ILLINOIS 60131
4. MS. DAWN BOSSONG
3021 CULLERTON DRIVE
FRANKLIN PARK, ILLINOIS 60131
5. MR. DONALD F. KILBURG
3021 CULLERTON DRIVE
FRANKLIN PARK, ILLINOIS 60131

FILED
SECRETARY OF THE
DIVISION
99 JUL 25 AM 10:08

File Number 5662-570-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ALLEASE LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE DECEMBER 2, 1991, 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***

FILED
SECRETARY OF STATE
JUN 1 25 AM 10:08



In Testimony Whereof, I, hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 13TH
day of MAY A.D. 1999

Jesse White

SECRETARY OF STATE

F99000000 3912

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: ALLEASE, LTD.

(Name of corporation - must include suffix)

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(Name of Person)

ALLEASE, LTD.

(Firm/Company)

3021 CULLERTON DRIVE

(Address)

FRANKLIN PARK, ILLINOIS 60131

(City/State/Zip)

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

MARK FRANSIOLI

(Name of Person)

at (847) 455-1950

(Area Code & Daytime Telephone Number)

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Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
59 JUL 25 AM 10:08

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 23, 1999

TRACY M QUINN
ALLEASE LTD.
3021 CULLERTON DRIVE
FRANKLIN PARK, IL 60131

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If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 499A00033425

99 JUL 26 AM 10:08
FILED
RECEIVED
OFFICE OF THE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

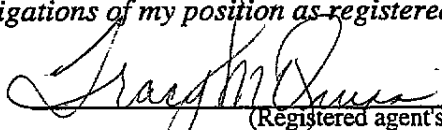
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(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
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(State or country under the law of which it is incorporated)
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(FEI number, if applicable)
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(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: MS. TRACY M. QUINN
SITE 56, UNIT 10
Office Address: 328 SEDGEWICK COURT
NAPLES, Florida, 34101
(Zip Code)

99 JUL 26 AM 10:08
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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(Registered agent's signature)

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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)

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Address: _____

Vice Chairman: _____

Address: _____

Director: "SEE ADDENDUM TO APPLICATION" _____

Address: _____

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President: MS. TRACY M. QUINN _____

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FRANKLIN PARK, ILLINOIS 60131

Vice President: MS. LISA KORN _____

Address: 3021 CULLERTON DRIVE _____

FRANKLIN PARK, ILLINOIS 60131

Secretary: MS. WENDY L. MARCONI-ROSMAN _____

Address: 3021 CULLERTON DRIVE _____

FRANKLIN PARK, ILLINOIS 60131

Treasurer: MS. DAWN BOSSONG _____

Address: 3021 CULLERTON DRIVE _____

FRANKLIN PARK, ILLINOIS 60131

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Lisa M. Korn
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF REVENUE
09 JUL 25 AM 10:08

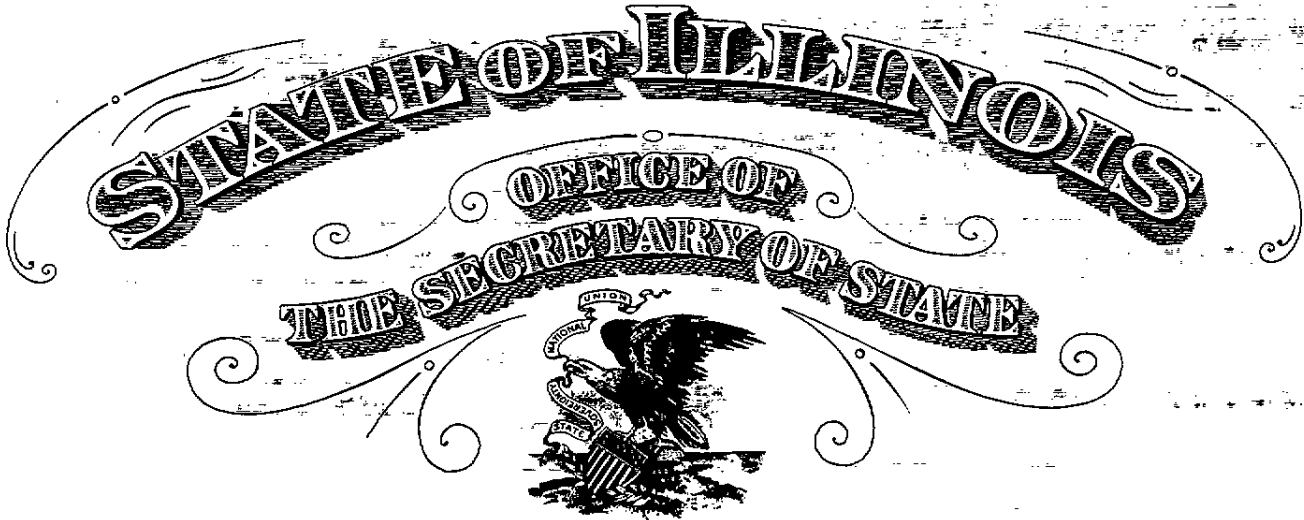
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DIRECTORS OF ALLEASE, LTD.

1. MS. TRACY M. QUINN
3021 CULLERTON DRIVE
FRANKLIN PARK, ILLINOIS 60131
2. MS. LISA KORN
3021 CULLERTON DRIVE
FRANKLIN PARK, ILLINOIS 60131
3. MS. WENDY L. MARCONI-ROSMAN
3021 CULLERTON DRIVE
FRANKLIN PARK, ILLINOIS 60131
4. MS. DAWN BOSSONG
3021 CULLERTON DRIVE
FRANKLIN PARK, ILLINOIS 60131
5. MR. DONALD F. KILBURG
3021 CULLERTON DRIVE
FRANKLIN PARK, ILLINOIS 60131

FILED
SECRETARY OF STATE
DIVISION
99 JUL 25 AM 10:08

File Number 5662-570-4

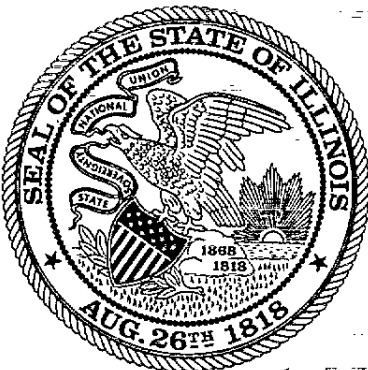


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FILED
SECRETARY OF STATE
DIVISION
99 JUL 26 11:08 AM

In Testimony Whereof, I, hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 13TH
day of MAY A.D. 1999



Jesse White

SECRETARY OF STATE