# -99000004237



ACCOUNT NO.

072100000032

REFERENCE

COST LIMIT

ORDER DATE: June 30, 1999

ORDER TIME : 11:05 AM

ORDER NO. 292891-030

CUSTOMER NO:

7187894

CUSTOMER: Ms. Sharee Long

System Development. 180 North Lasalle St.

Ste 1500

Chicago, IL 60601

FOREIGN FILINGS

N99-16462

NAME:

SYSTEM DEVELOPMENT.INTEGRATION

INC.

800002933608

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 11, 1999

CSC

ATTN: JEANINE REYNOLDS

SUBJECT: SDI CONSULTING, INC.

Ref. Number: W99000016462

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

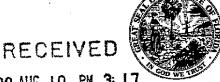
Thank you for submitting the name resolution. You must still submit a list of officers and directors and their addresses. Your application states see attached rider, but - as noted in our previous letter, attached - no such rider was attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 599A00040487



99 AUG FLORTDA DEPARTMENT OF STATE

DEPARTMENT OF STKatherine Harris DIVISION OF COPPORATIONS TALLAHASGEE, FLORIDA

July 16, 1999

CSC ATTN: JEANINE REYNOLDS

SUBJECT: SYSTEM DEVELOPMENT.INTEGRATION, INC.

Ref. Number: W99000016462

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The "attached officers/directors rider" was not attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 499A00036746

Supplies on date as file date.

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)



I, the undersigned	Sharee	L Long		do hereby certify
that this Resolution of t	he Board of Director	sof <u>Gystem</u>	Developm	nent o Integra
		(Corporate Name)		
a corporation duly orga	unized and existing u		ate of	inois,
•	. [ ]	-4-1		. 19 99
was duly adopted on _	<u> </u>	ugust !		
Be it resolved, that	System Do	evelopment .	Integration vame)	on, Inc.
organized and existing		Illingis	, hereb	y adopts the name
	Consulting	Inc.		for use in Florida.
				· .
Dated: 8/9	199 .		•	
	Signature of either	Chairman, Vice Chairman	or any officer	
,	Sho	Type or print name	ong_	•
Inh\$19(4/96)				

APPLIC	ATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANS	ACT	: '
7	BUSINESS IN FLORIDA	3 The	
IN COMPLIANC REGISTER A FO	CE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	0/600	
. Su	stem Development . Integration, Inc.	74	302
(Name of corpo	oration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or relations of like import in language as will clearly indicate that it is a corporation instead of a partnership if not so contained in the name at present.)		105
	Illinois 3. 36-4115389		
	y under the law of which it is incorporated) (FEI number, if applicable)		· ·
4.	11/8/96 5. Perpetual		_
(Da	te of incorporation) (Duration: Year corp. will cease to exist or "perpetual")		
6	UPOW QUALIFICATION  It transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	<del></del>	
1 .			<del></del>
7. <u>180</u>	N. La Salle St, Suite 1500		٠.
<u> </u>	(Current mailing address)		
_	O (Current maning address)	*.*	
8. Co	nsulting-Business Process + Information Tec	hnology	
(Purpose	e(s) of corporation authorized in home state or country to be carried out in state of Florida)	. 4	,, <u> </u>
9. Name and st	treet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		w. <u></u>
Name:	Corporation Service Company	13 13	· ·
Office Address:	1201 Hays Street		
	Tallahassee , Florida, 32301 (Zip code)	Februari -	
10. Registered	agent's acceptance:		
this application, I with the provision the obligations of	ned as registered agent and to accept service of process for the above stated corporation at the place de thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to as of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent.  Corporation Service Company  By:  (Registered agent's signature)  certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to ate, by the Secretary of State or other official having custody of corporate records in the jurisdiction universed.	o and accept	
12. Names and a	addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)	<del>ib</del> o <del></del>	

	FORS (Street address only - P.O. Box NOT acceptable)		
Chairman:	See attached officers/directors rider	9 E.	···
		3 0	w.
Address			16
_		0, 9	
Vice Chairr	nan:	<del>`</del>	2
Address:			
1001055.		٥,	- ·
_			
Director: _			4 ~
Address: _			
-			
Director: _			
Address: _			<b>-</b>
_			<b>.</b> .
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)		
Danaidante	See attached officers/directors rider		_
Address: _			
			-
Vice Presid	dent:		<b>-</b>
Address: .			
Secretary:			
A ddmaga.			_
Address: .			
			_
Treasurer:			
Address:			_
			<u> </u>
		or directors	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	or directors.	
<b>NOTE:</b> 13	Share L Long		 
	Share L Long		

#### OFFICERS AND DIRECTORS

David Gupta , President/Director 226 Birchwood Hinsdale, IL 60625

Sharee Long , Vice President/Director 305307 S. Cottage Grove Beecher, IL 60401

9 JUL 16 PM 2: 15



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



### In Testimony Whereof, I, hereto set

Desse White

SECRETARY OF STATE