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Dear Si	r or Mad	am:								
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				(Name of I	Person)	,	t 99	$1-\chi$		
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## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.	PSI Services III, Inc. (Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	a.	
?	New Jersey 3. 22-3530036		
۷.	(State or country under the law of which (FEI number, if applicable)	-	11-11 140-200
	it is incorporated)		
	•		
4.	October 1, 1996 5. Perpetual		WALLES F. T. T.
	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")		
6	Expected date October 1, 1999		
U.	(Date corporation first conducted Affairs in Florida -	**	The Control of the Control
	See sections 617.1501, 617.1502, and 817.155, F.S.)		
7	. 4600 East-West Highway Suite 900		
7.	. 4000 Edst-West Highway Suite 900	•	r et et <del>der</del>
	Bethesda, MD 20814-3415		
	(Current mailing address)		
	t .		
ጸ	. Foster Care, Adoption and Social Services	3	
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	The state of the s	3 3 2	
۵	Name and atwest address of Florida registered agent:	<u>.                                    </u>	
フ	. Name and suffet address of Profida registered agenca	D	
	Distance D. Mallago -		
	RICKY B. WAITAGE (Name)	ņ	
		>	_
	P.	כ	
	10512 Innisbrook Drive (Office address)	~4	
	(Office audicss)		
	Jacksonville Florida, 32222		
	(City) (Zip Code)		
	(OM)		

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.

Rich Walloce (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.

<ul> <li>Names and addresses of officers and/or directors: (Street address only-NOT acceptable)</li> <li>A. DIRECTORS (Street address only- P. O. Box NOT acceptable)</li> </ul>	P. O. B	X	·- <del></del>
Chairman: Elizabeth A. Abramowtiz			1004.01
Address: 4600 East-West Highway Suite 900			*
Bethesda, MD 20814-3415	<b>.</b>		
Vice Chairman: Yvonne B. Ali			74 ·
Address: 4600 East-West Highway Suite 900			<b>3</b> 1
Bethesda, MD 20814-3415			
Director: Michael E. Abramowitz, Treasurer	_		
Address: 4600 East-West Highway Suite 900			
Bethesda, MD 20814-3415			
Director: Sheila Pandit		,	, Name
Address: 200 East 75th Street Suite 208			
Chicago, IL 60619		. , .	
B. OFFICERS (Street address only- P. O. Box NOT acceptable)			i bin i - Ugan yanganyan
President: Elizabeth A. Abramowitz			
Address: 4600 East-West Highway Suite 900			-
Bethesda, MD 20814-3415	} *\	က် (၁ (၄)	
Vice President: Helen B. Dortch		.j -ii	= :
Address: 4600 East-West Highway Suite 900	- '	28 71-11-11	
Bethesda, MD 20814-3415	· · · i		
Secretary: Yvonne B. Ali	-, · · · ·	Ö Ä	·
4600 East-West Highway Suite 900 Address: Bethesda, MD 20814-3415			_
Treasurer: Michael E. Abramowitz	= =:		÷ <b>w</b>
4600 East-West Highway Suite 900. Address: Bethesda, MD 20814-3415	-	••• -	·
NOTE: If necessary, you may attach an addendum to the application listing additional and/or directors.	onal offi	cers	· ;-
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  Michael E. Abramowitz Treasurer  (Typed or printed name and capacity of parson rioning application)	ene om en oo z		**************************************



## STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

PSI SERVICES III, INC.

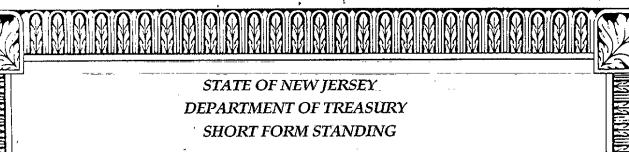
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Non Profit Corporation was registered by this office on October 1, 1996.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Norma Romano 516 Mackin Rd Cherry Hill, NJ 08802

Continued on next page . . .



PSI SERVICES III, INC.

IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of August, 1999



Rdams mmachuls

Roland M Machold Treasurer