L01000006120

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : ~~122536~~ 4320229

AUTHORIZATION : Patricia Pujats

COST LIMIT : ~~$ 212.50~~ $125.00

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ORDER DATE : April 20, 2001

ORDER TIME : 11:14 AM

ORDER NO. : 122536-005

CUSTOMER NO: 4320229 500004035965--0

CUSTOMER: Mr. Schubert Leveille
Kilpatrick Stockton, Llp

Suite 2800
1100 Peachtree Street
Atlanta, GA 30309

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DOMESTIC FILING

NAME: INFOSERV LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY (2)
XX CERTIFICATE OF GOOD STANDING (2)

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

APPROVED AND FILED
01 APR 20 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 APR 20 AM 11:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INFOSERV LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

SQE SERVICES AG, ALFRED ESCHERSTR. 9, POSTFACH, CH 8027, ZURICH, SWITZERLAND

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

CORPORATION SERVICE COMPANY
Name

1201 HAYS STREET
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32301
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

BRIAN COURTNEY, ASST. V.P.
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NEIL FALIS, AUTHORIZED REPRESENTATIVE
Typed or printed name of signee

**FILING FEES:**
**$ 100.00 Filing Fee for Articles of Organization**
**$ 25.00 Designation of Registered Agent**
**$ 30.00 Certified Copy (OPTIONAL)**
**$ 5.00 Certificate of Status (OPTIONAL)**

APPROVED AND FILED
01 APR 20 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATLLIB01 1147900.1