

1. NAME OF THE PARTY
 2. STATE OF RESIDENCE
 3. DATE OF BIRTH
 4. EDUCATION
 5. RELIGION
 6. PROFESSION
 7. INDUSTRY
 8. EMPLOYER
 9. DATE OF ENTRY INTO THE COUNTRY
 10. REASON FOR ENTRY
 11. DATE OF DEPARTURE
 12. REASON FOR DEPARTURE
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 100. REASON FOR DEPARTURE

THE UNIVERSITY OF CHICAGO

the 1990s, the number of people in the world who are illiterate has increased from 1.2 billion to 1.5 billion. The number of illiterate people in the world is expected to reach 1.7 billion by the year 2015. The number of illiterate people in the world is expected to reach 1.7 billion by the year 2015. The number of illiterate people in the world is expected to reach 1.7 billion by the year 2015.

January 17, 1995

Secretary of State
Wilson Corporation
409 East Gaines Street
Tallahassee, Florida 32399

FEDERAL EXPRESS
AIRBILL NO.: 8886408510

Re: Articles of Organization
Schmidt & Co. Systems Consulting, L.C.
Our File No.: 94164-02

Enclosed are the original and one (1) copy of the Articles of Organization for the above-proposed Limited Liability Company, together with our checks covering the following items:

Filing Fee	\$ 250.00
Certified Copy	52.50
Registered Agent Fee	<u>35.00</u>
	\$ 337.50

Please return the certified copy to the attention of the undersigned at this office. I am enclosing a return Federal Express airbill [No.: 7215669031] for your convenience.

If you have any questions with reference to the filing of these Articles of Incorporation, please call me before returning the enclosures.

Thank you for your consideration in this matter.

Very truly yours,

DICKENSON, MURDOCH, REX AND SLOAN
Chartered

Richard A. Murdoch

:haq

Enclosures

Box2\S\srt-da\file-art.pl
01/17/95

T. BROWN JAN 23 1995

ARTICLES OF ORGANIZATION
OF
SCHMIDT & CO. SYSTEMS CONSULTING, L.C.

FILED
95 JAN 10 AM 9:59
SECRET
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, two or more persons hereby form a limited liability company under the Florida Limited Liability Company Act and adopt as the Articles of Organization of such limited liability company the following:

I

NAME

The name of this limited liability company is:

SCHMIDT & CO. SYSTEMS CONSULTING, L.C.

II

PERIOD OF DURATION

The period of duration of this limited liability company shall be thirty (30) years from the date of filing these Articles with the Department of State of Florida, unless sooner dissolved as provided by statute.

III

PURPOSE

This limited liability company is organized to engage in and to do any lawful act concerning any lawful business or purpose as allowed by the laws of the State of Florida.

IV

ADDRESS OF PLACE OF BUSINESS AND NAME AND ADDRESS OF INITIAL REGISTERED AGENT

The address of the principal place of business of this limited liability company is:

399 NORTHWEST BOCA RATON BOULEVARD
BOCA RATON, FLORIDA

The name and address of initial registered agent is:

WALTER F. ADAMS III
399 NORTHWEST BOCA RATON BOULEVARD
BOCA RATON, FLORIDA

V

TOTAL AMOUNT OF CASH AND OTHER PROPERTY CONTRIBUTED

The initial amount of capital (including cash and a description and agreed value of the property other than cash contributed) is:

\$ 100.00

VI

THE TOTAL ADDITIONAL CONTRIBUTIONS, IF ANY, AGREED TO BE MADE BY ALL MEMBERS AND THE TIME AT WHICH, OR THE EVENTS UPON THE HAPPENING OF WHICH, THEY SHALL BE MADE:

Additional contributions shall be made at such times and in such amounts as may be agreed upon by the Members as provided in the Operating Agreement of the Company.

VII

ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted only at such times and on such terms and conditions as the Members may unanimously agree and as provided in the Operating Agreement of the Company, provided, however, all Members shall be duly authorized to practice public accountancy.

VIII

CONTINUITY OF LIFE

The remaining Members of the Company may continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a in the Company upon the unanimous agreement of the Members in accordance with the Operating Agreement of the Company.

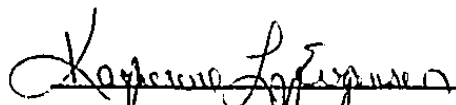
IX

MANAGEMENT

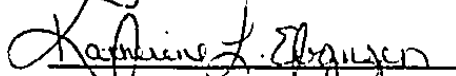
The business of the Company shall be conducted under the exclusive management of the Members who shall have exclusive authority to act for the Company in all matters. The Members may from time to time designate certain Members as Officers to act for the Company in certain matters as specified in the Operating Agreement.

The names and addresses of the Initial Members are as follows:

Densel L. Raines	399 N.W. Boca Raton Boulevard Boca Raton, Florida 33432
J. Alexander Trieste	399 N.W. Boca Raton Boulevard Boca Raton, Florida 33432
Paul F. Dickenson	399 N.W. Boca Raton Boulevard Boca Raton, Florida 33432
Walter F. Adams III	399 N.W. Boca Raton Boulevard Boca Raton, Florida 33432
Daphne A. Malngot	399 N.W. Boca Raton Boulevard Boca Raton, Florida 33432














DENSEL L. RAINES


J. ALEXANDER TRIESTE


PAUL F. DICKENSON

-Signatures continued on following page-

Kenneth L. Evansen

[Signature]

Kenneth L. Evansen

[Signature]

Walter F. Adams III
WALTER F. ADAMS III

Daphne A. Maingot
DAPHNE A. MAINGOT

STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 28th day of DECEMBER, 1994, by DENSEL L. RAINES, who ✓ is personally known to me, or _____ produced _____ as identification.

Lisa R. Suppa
Notary Public State of Florida at Large

[SEAL]

LISA R. SUPPA

Printed Name of Notary/Serial Number, if any

My Commission Expires:

OFFICIAL NOTARY SEAL
LISA R SUPPA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC279263
MY COMMISSION EXP. MAY 1, 1997

STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 28th day of DECEMBER, 1994, by J. ALEXANDER TRIESTE, who ✓ is personally known to me, or _____ produced _____ as identification.

Lisa R. Suppa
Notary Public State of Florida at Large

[SEAL]

LISA R. SUPPA

Printed Name of Notary/Serial Number, if any

My Commission Expires:

OFFICIAL NOTARY SEAL
LISA R SUPPA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC279263
MY COMMISSION EXP. MAY 1, 1997

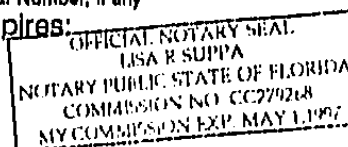
STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 28th day of
DECEMBER, 1994, by PAUL F. DICKENSON, who ✓ is personally known to me, or
___ produced ___ as identification.

Lisa R. Suppa
Notary Public State of Florida at Large

[SEAL]

LISA R. SUPPA
Printed Name of Notary/Serial Number, if any
My Commission Expires:



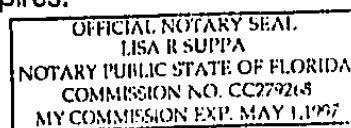
STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 28th day of
DECEMBER, 1994, by WALTER F. ADAMS III, who ✓ is personally known to me, or
___ produced ___ as identification.

Lisa R. Suppa
Notary Public State of Florida at Large

[SEAL]

LISA R. SUPPA
Printed Name of Notary/Serial Number, if any
My Commission Expires:



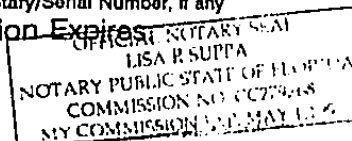
STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 28th day of
DECEMBER, 1994, by DAPHNE A. MAINGOT, who ✓ is personally known to me, or
___ produced ___ as identification.

Lisa R. Suppa
Notary Public State of Florida at Large

[SEAL]

LISA R. SUPPA
Printed Name of Notary/Serial Number, if any
My Commission Expires:



CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING THE AGENT UPON
WHOM PROCESS MAY BE SERVED

FILED
95 JUN 18 AM 9 58
TALLAHASSEE
FLORIDA

In compliance with Sections 48.091 and 608.415, Florida Statutes, the following is submitted:

That SCHMIDT & CO. SYSTEMS CONSULTING, L.C., desiring to organize under the laws of the State of Florida, with its principal place of business at 399 N.W. Boca Raton Boulevard, Boca Raton, Florida, has named WALTER F. ADAMS III, whose address is 399 N.W. Boca Raton Boulevard, Boca Raton, Florida, as its agent to accept service of process within the State of Florida.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further acknowledge that I am familiar with, and agree to comply with the provisions of all statutes relative to the proper performance of my duties.



WALTER F. ADAMS III

AFFIDAVIT OF MEMBERS

SCHMIDT & CO. SYSTEMS CONSULTING, L.C.

STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)

ss.

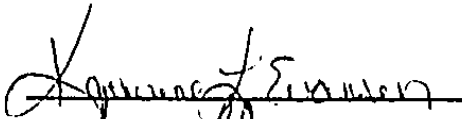
Pursuant to Section 608.407, Florida Statutes, before me this day personally appeared DENSEL L. RAINES, J. ALEXANDER TRIESTE, PAUL F. DICKENSON, WALTER F. ADAMS III and DAPHNE A. MAINGOT, who being first duly sworn, depose and state that:

1. That they are all of the Members of the limited liability company known as SCHMIDT & CO. SYSTEMS CONSULTING, L.C.

2. That this Affidavit is being submitted as required by law as a supplement to the Articles of Organization.

3. That the capital contribution of the Members and the amount anticipated to be contributed by the Members is \$100.00.

Further Affiants sayeth not.





DENSEL L. RAINES




J. ALEXANDER TRIESTE




PAUL F. DICKENSON







Katherine E. Eversen

John H. Eversen

Katherine E. Eversen

John H. Eversen

Walter F. Adams III
WALTER F. ADAMS III

Daphne A. Maingot
DAPHNE A. MAINGOT

STATE OF FLORIDA
COUNTY OF Volusia Beach

The foregoing instrument was acknowledged before me this 28th day of DECEMBER, 1994, by DENSEL L. RAINES, who ☒ is personally known to me, or _____ produced _____ as identification.

Lisa R. Suppa
Notary Public State of Florida at Large

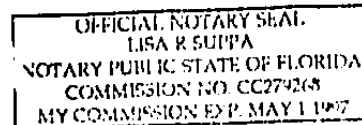
[SEAL]

LISA R. SUPPA

Printed Name of Notary/Serial Number, if any

My Commission Expires:

STATE OF FLORIDA
COUNTY OF Volusia Beach



The foregoing instrument was acknowledged before me this 28th day of DECEMBER, 1994, by J. ALEXANDER TRIESTE, who ☒ is personally known to me, or _____ produced _____ as identification.

Lisa R. Suppa
Notary Public State of Florida at Large

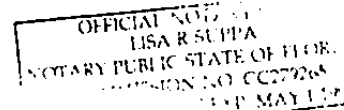
[SEAL]

LISA R. SUPPA

Printed Name of Notary/Serial Number, if any

My Commission Expires:

-Acknowledgments continued on following page-



STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 28th day of
DECEMBER, 1994, by PAUL F. DICKENSON, who ✓ is personally known to me, or
_____ produced _____ as identification.

Lisa R. Suppa
Notary Public State of Florida at Large
(SEAL)
LISA R. SUPPA
Printed Name of Notary/Serial Number, if any
My Commission Expires:

OFFICIAL NOTARY SEAL
LISA R SUPPA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC779268
MY COMMISSION EXPI. MAY 1, 1997

STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 28th day of
DECEMBER, 1994, by WALTER F. ADAMS III, who ✓ is personally known to me, or
_____ produced _____ as identification.

Lisa R. Suppa
Notary Public State of Florida at Large
(SEAL)
LISA R. SUPPA
Printed Name of Notary/Serial Number, if any
My Commission Expires:

OFFICIAL NOTARY SEAL
LISA R SUPPA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC779268
MY COMMISSION EXPI. MAY 1, 1997

STATE OF FLORIDA
COUNTY OF Palm Beach


The foregoing instrument was acknowledged before me this 28th day of
DECEMBER, 1994, by DAPHNE A. MAINGOT, who ✓ is personally known to me, or
_____ produced _____ as identification.

Lisa R. Suppa
Notary Public State of Florida at Large
(SEAL)
LISA R. SUPPA
Printed Name of Notary/Serial Number, if any
My Commission Expires:

OFFICIAL NOTARY SEAL
LISA R SUPPA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC779268
MY COMMISSION EXPI. MAY 1, 1997

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
10/18/95
STATE
CLERK

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 230.75		Annual Report \$100.00 + \$130.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000054 SCHMIDT & CO. SYSTEMS CONSULTING, L.C. 399 NORTHWEST BOCA RATON BLVD. BOCA RATON FL		1a. Principal Place of Business Address 399 NORTHWEST BOCA RATON BLVD BOCA RATON FL	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business SAME		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified 01/18/1995		3a. State of Formation FL	
4. FEI Number 65-0548601		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ADAMS, WALTER F III 399 NORTHWEST BOCA RATON BLVD. BOCA RATON FL		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 000001784250 -04711726, Code 1075-0001 **FL\$30.75 ****230.75	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE <u>N/A</u> <small>(If Registered Agent Accepting Appointment) (If Not, Registered Agent signature required when re-registering)</small>		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM MGRM	RAINES, DENSEL L	399 NORTHWEST BOCA RATON B	BOCA RATON FL
MEM MGRM	TRIESTE, J. ALEXANDER	399 NORTHWEST BOCA RATON B	BOCA RATON FL
MEM MGRM	DICKENSON, PAUL F	399 NORTHWEST BOCA RATON B	BOCA RATON FL
MEM MGRM	ADAMS, WALTER F III	399 NORTHWEST BOCA RATON B	BOCA RATON FL
MEM MGRM	MAINGOT, DAPHNE A	399 NORTHWEST BOCA RATON B	BOCA RATON FL
MGRM	ANTOINE, ROY	399 NORTHWEST BOCA RATON BLVD	BOCA RATON FL
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <u>Walter F Adams III</u>		WALTER F. ADAMS III 4/3/96 407-392-7929	