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ACCOUNT NO. : 072100000032

REFERENCE : 747842 4332313

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 125.00

ORDER DATE : June 28, 2000

ORDER TIME : 9:20 AM

ORDER NO. : 747842-015

800003309698--5

CUSTOMER NO: 4332313

CUSTOMER: Lisa Perri, Paralegal  
Buchanan Ingersoll, P.c.  
One Oxford Centre, 20th Flr.  
301 Grant Street  
Pittsburgh, PA 15219-1410

FOREIGN FILINGS

NAME: ATM INFORMATION SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Pollye Janisse

FILED  
00 JUN 30 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
*W 6/30*

RECEIVED  
00 JUN 30 AM 10:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*EP*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. ATM INFORMATION SERVICES, LLC  
(Name of foreign limited liability company)
2. PENNSYLVANIA  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 25-1849413  
(FEI number, if applicable)
4. NOVEMBER 23, 1999  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 345 ROUSER ROAD, CORAOPOLIS, PENNSYLVANIA 15108  
(Street address of principal office)

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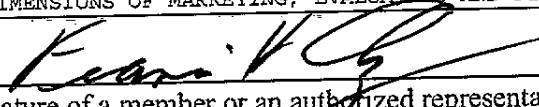
8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

SEE EXHIBIT 'A' ATTACHED HERETO AND MADE A PART HEREOF

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: PROVIDE SERVICES RELATED TO ALL ASPECTS AND DIMENSIONS OF MARKETING, EVALUATION AND FINANCING OF REAL ESTATE.

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FRANCIS H. AZUR, MANAGER/MEMBER

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ATM INFORMATION SERVICES, LLC

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

CORPORATION SERVICE COMPANY

(Name)

1201 HAYS STREET

Florida street address (P.O. Box **NOT** ACCEPTABLE)

TALLAHASSEE

FL

32301

City/State/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..*

  
\_\_\_\_\_  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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TALLAHASSEE FLORIDA

**ATM INFORMATION SERVICES, LLC**  
**345 ROUSER ROAD**  
**CORAOPOLIS, PENNSYLVANIA 15108-4726**

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LISTING OF DESIGNATED MANAGERS

<u>NAME / ELECTED OFFICE</u>	<u>BUSINESS ADDRESS</u>	<u>HOME ADDRESS</u>
<b>Francis H. Azur</b> <i>President/CEO</i> <i>Member of Management Committee</i>	345 Rouser Road Coraopolis, PA 15108	111 Normandy Court Nevillewood, PA 15142
<b>Melanie B. Gefert</b> <i>Sr. Executive Vice President</i>	345 Rouser Road Coraopolis, PA 15108	506 Christopher Circle Pittsburgh, PA 15205
<b>Christopher F. Azur</b> <i>Exec. Vice President/Secretary</i> <i>Member of Management Committee</i>	345 Rouser Road Coraopolis, PA 15108	4200 Muirfield Circle Nevillewood, PA 15142
<b>Christina A. Duranko</b> <i>Vice President/Treasurer</i>	345 Rouser Road Coraopolis, PA 15108	620 Maplewood Court Pittsburgh, PA 15237
<b>David G. Steinmetz</b> <i>Vice President</i>	345 Rouser Road Coraopolis, PA 15108	122 Jenny Lynn Drive Aliquippa, PA 15001

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

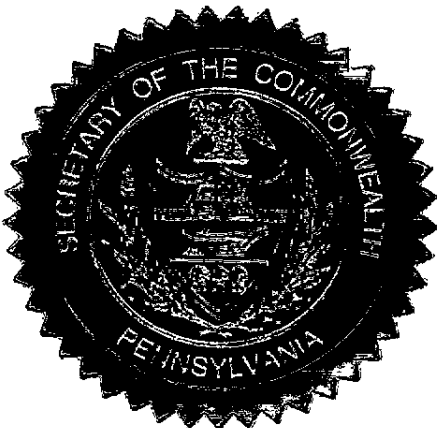
JUNE 28, 2000

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ATM INFORMATION SERVICES, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office shown as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

*Kim Dujongjutha*

Secretary of the Commonwealth

DPOS

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA