

MO1000001362

Requester's Name  
325 W. Main St. <sup>State</sup> 1400  
Address KY  
Louisville, MO 40202  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. \_\_\_\_\_  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_ 800004397888--3  
(Corporation Name) (Document #) -06/11/01--01116--022  
\*\*\*\*130.00 \*\*\*\*130.00
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in  Pick up time  Certified Copy
- Mail out  Will wait  Photocopy  Certificate of Status

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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

MO1-1362  
JR

Examiner's Initials



## Service Net Solutions, LLC Managers/Members

EXHIBIT



<b>Name</b>	<b>Mgr/Mbr</b>	<b>Address</b>	<b>Phone No.</b>	<b>Misc. Info.</b>
Lansdon B. Robbins	Manager	325 W. Main Street, Suite 500 Louisville, KY 40202	502.540.5099 ext. 229	
Kevin M. Callahan	Manager	325 W. Main Street, suite 500 Louisville, KY 40202	502.540.5099 ext. 277	
E. Wayne Schwertley	Manager	325 W. Main Street, Suite 500 Louisville, KY 40202	502.540.5099 ext. 227	
Carey Beighle	Manager	One Kemper Drive Long Grove, IL 60049-0001	847.320.4000	
Ray Hernandez	Manager	4343 Will Rodgers Parkway Oklahoma City, OK 73108	800.808.8742 ext. 104	
Bill Hickey	Manager	One Kemper Drive Long Grove, IL 60049-0001	847.320.4000	
Salvadore Ricciardone, Jr.	Manager	Connell Corp. Ctr. 3 Oak Way Berkley Heights, NJ 07922-0602	908.286.5225	
Rob Christian	Member	645 Park East Blvd. Suite 7 New Albany, IN 47150	812.941.1078	
Debbie Watson	Member	645 Park East Blvd. Suite 7 New Albany, IN 47150	812.941.1078	
Jeff Oldenburg	Member	325 W. Main Street, Suite 500 Louisville, KY 40202	502.540.5099	
Jude Aranha	Member	325 W. Main Street, Suite 500 Louisville, KY 40202	502.540.5099	

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**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:

Service Net Solutions, LLC

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

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

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

Plantation

FL 33324

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.*

C T Corporation System

*Laurel Record*

(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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FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SERVICE NET SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MAY, A.D. 2001.



*Harriet Smith Windsor*  
*Harriet Smith Windsor, Secretary of State*

AUTHENTICATION: 1144276

DATE: 05-21-01

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