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. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
		5/26
	Office Use Only	CILL



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May 19, 2004

Registration Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: Profile Systems, LLC

Enclosed, in duplicate, is a completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. If in order and acceptable, please process the enclosure of record with your office and return a file marked original to me. Enclosed is a check in the amount of \$155.00 representing filing fees for the application, designation of registered agent, and request for certified copy. For your convenience in complying with this request, a prepaid, overnight mailer is enclosed. As always, your attention to and cooperation in these matters are greatly appreciated.

Very truly yours,

Carol Ann Bowman
Corporate Secretary and

General Counsel

CAB/pd Enclosures 3198:511:051904

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

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

1.	Profile Systems, LLC					
	(Name of foreign limited liability company)					
2.	Indiana 335-1849077					
4	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)					
4.	November 6, 1995 5. perpetual					
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")					
6.	upon filing of this application					
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)					
7.	1000 East 80th Place					
	Merrillville, Indiana 46410 (Street address of principal office)					
	ASS 20	7				
8.	If limited liability company is a manager-managed company, check here \(\sqrt{1} \)	711				
9.	The name and usual business addresses of the managing members or managers are as follows:					
	John M. Peterman 1000 East 80th Place, Suite 700 North, Merrillville, FN	46430				
	both M. Federhall 1000 East Soul Flace, Suite 700 North, Mellillvinge, IN	#04T0				
	Dennis E. Kackos 1000 East 80th Place, Suite 700 North, Merrillville, IN	46410				
	Carol Ann Bowman 1000 East 80th Place, Suite 700 North, Merrillville, IN	46410				
	Richard C. Oesterle 138 South Main, Suite 300, Crown Point, IN 46307					
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rethe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language 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: any and all purposes for which limited liability companies may be authorized to transact business Florida.	in '				

Carol Ann Bowman, Manager

Typed or printed name of signee

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.)

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.

	f the Limited Liability C	Profile Systems	, LLC			
2. The name a	nd the Florida street add	ress of the registere	d agent and office	are:		
		C T Corporation System	n			
		(Name)		**************************************		
	c/o C T Corporati	on System, 1200 Soutl	n Pine Island Road	TALL SE		
	Florida street address (P.O. Box NOT ACCEPTABLE)					
	Plantation,	FL	33324	OH MAY 20 EGNE MAY LLAHASSE		
liability compar registered agen statutes relating	med as registered agent by at the place designated t and agree to act in this to the proper and compo- ations of my position as a CT Corporation System	d in this certificate, to capacity. I further of lete performance of registered agent as p	I hereby accept the agree to comply wit my duties, and I an	appointment as the the provisions of all and appearance for the familiar with and appear 608, F.S.		

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

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

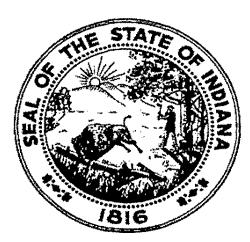
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

PROFILE SYSTEMS, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 06, 1995, and was in existence or authorized to transact business in the State of Indiana on May 18, 2004.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighteenth Day of May, 2004.

TODD ROKITA, Secretary of State

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