# MP8000001344 Document Number Only

CR2E031 (1-89)

| C T Corporation                              | System                                  |   |  |
|--|---|---|--|
| Requestor's Name<br>660 East Jeffers         | on Street                               |   |  |
| Address                                      |   |   |  |
| Tallahassee, FL City State Zip               | Phone                                   | 10000268  |  |
|  | ATION(S) NAME                           | 10000268<br>-11/17/98-<br>*****285.0            | -0107100<br>30 ****285                   |
| CORPOR                                       | ATION(O) NAME                           |   | <del></del> -                            |
|  |   |   |  |
| <del>-</del> / /                             |   |   |  |
| Interactive Con                              | nmunications, Ll                        | <u>.C · · · · · · · · · · · · · · · · · · ·</u> | <del></del>                              |
|  | ,                                       |   |  |
|  | <u> </u>                                |   |  |
| () Profit                                    |   | () Mayron                                       |  |
| () NonProfit<br>☆ Limited Liability Co       | () Amendm                               | ent () Merger                                   |  |
| Foreign                                      | () Dissolution                          | on/Withdrawal () Mark                           |  |
| () Limited Partnership                       | () Annual R                             | eport () Other                                  | -  |
| () Reinstatement                             | () Reservati                            | ion () Change (                                 | of R.A.                                  |
| () Limited Liability Pa<br>() Certified Copy | () Photo Co                             |   | SECR                                     |
|  | ( ) Call if Pro                         | oblem () After 4:30                             |  |
| () Call When Ready  (ii) Walk in             | () Will Wait                            | の Pick Up                                       | , 13 well 2                              |
| () Mail Out                                  |   |   | STA                                      |
| Name<br>Availability MAL                     |   | please return extra                             | 28 82 82 82 82 82 82 82 82 82 82 82 82 8 |
| Document A                                   | 11/17/98                                | PLEASE RETURN EXTRA<br>FILE STAMPEL             | )  |
| Examiner                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | THANKS<br>JOEY                                  | •  |
| Updater                                      | 1519N OF CORPORATION >                  | •   |  |
| Verifier                                     |   |   |  |
| Acknowledgment                               | S NOV 17 PM 2:31                        | U   |  |
| W.P. Verifier                                |   |   |  |
| // (/ <i>X</i> / X/                          |   |   |  |

#### 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:

| (Name of foreign limited liability company" or their abbreviations "L  | company must end wL.C." or "L.C." if no  | ith the words "limited liability com<br>ot so contained in the name at pres                       | ipany" or "limited<br>ent.)                 | Į                                    |
|--|--|---|---|--------------------------------------|
| Illinois   | 3.   | 36-4220838  |   |                                      |
| (Jurisdiction under the law of which company is organized)   | ch foreign limited lia   | bility (FEI number, if app  | olicable)                                   |                                      |
| March 27, 1998   | 5,   | December 31, 2045   |   | <del></del>                          |
| (Date of Organizatio   | n)   | (Duration: Year limited liability coesse to exist or "perpetual")                                 | ompany will                                 |                                      |
| Will not begin until after we are app  | roved  | <u> </u>  | · · ·                                       |                                      |
| (Date first transacted   | d business in Florida.   | . (See sections 608.501, 608.502 a  | nd 817.155, F.S.)                           |                                      |
| 1509 N. Milwaukee Ave.   | <u> </u>   | ·   |   |                                      |
| Libertyville, IL 60048   |  |   |   |                                      |
|  | <del></del>  |   |   |                                      |
|  | •  | ress of principal office)   |   | l] who                               |
| will manage the foreign limite   | address of each m  |   | manager [MGR<br>al page if neces:<br>TITLE: | t] who<br>sary)                      |
| List name, title, and business will manage the foreign limite  NAME & ADDRESS:  Richard D. Holcomb   | address of each m<br>ed liability compar   | anaging member [MGRM] or<br>ny in Florida: (attach addition                                       | al page if neces                            | t] who<br>sary)                      |
| will manage the foreign limite  NAME & ADDRESS:  | address of each med liability compar   | anaging member [MGRM] or ny in Florida: (attach addition NAME & ADDRESS:                          | al page if neces                            | t] who<br>sary)                      |
| will manage the foreign limite  NAME & ADDRESS:  Richard D. Holcomb  | address of each med liability compar   | anaging member [MGRM] or<br>ny in Florida: (attach addition<br>NAME & ADDRESS:<br>Winifred Clonts | al page if neces                            | र] who<br>sary)                      |
| NAME & ADDRESS: Richard D. Holcomb  1509 N. Milwaukee Ave.  Libertyville, IL 60048  Craig A. Holcomb   | address of each med liability compar   | anaging member [MGRM] or<br>ny in Florida: (attach addition<br>NAME & ADDRESS:<br>Winifred Clonts | al page if neces                            | R] who<br>sary)                      |
| NAME & ADDRESS: Richard D. Holcomb  1509 N. Milwaukee Ave.  Libertyville, IL 60048   | address of each med liability compared TITLE: MGRM   | anaging member [MGRM] or<br>ny in Florida: (attach addition<br>NAME & ADDRESS:<br>Winifred Clonts | al page if neces                            | sary)                                |
| NAME & ADDRESS: Richard D. Holcomb  1509 N. Milwaukee Ave.  Libertyville, IL 60048  Craig A. Holcomb   | address of each med liability compared TITLE: MGRM   | anaging member [MGRM] or<br>ny in Florida: (attach addition<br>NAME & ADDRESS:<br>Winifred Clonts | al page if neces                            | DIVISION OF CO                       |
| NAME & ADDRESS: Richard D. Holcomb  1509 N. Milwaukee Ave.  Libertyville, IL 60048  Craig A. Holcomb  1509 N. Milwaukee Ave.  Libertyville, IL 60048  Charles F. Wonderlic Jr. | address of each med liability compared TITLE: MGRM   | anaging member [MGRM] or<br>ny in Florida: (attach addition<br>NAME & ADDRESS:<br>Winifred Clonts | al page if neces                            | DIVISION OF CORPORA  98 NOV 17 PM 3: |
| NAME & ADDRESS: Richard D. Holcomb  1509 N. Milwaukee Ave.  Libertyville, IL 60048  Craig A. Holcomb  1509 N. Milwaukee Ave.  Libertyville, IL 60048                           | address of each med liability compared liability compared to the minimum of the m | anaging member [MGRM] or<br>ny in Florida: (attach addition<br>NAME & ADDRESS:<br>Winifred Clonts | al page if neces                            | DIVISION OF CORFE                    |

<sup>9.</sup> Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

## File Number\_0018372-5



## To all to whom these presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,

do hereby certify that
INTERACTIVE COMMUNICATIONS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 14, 1998, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

| In Testimony !               |               |                 |
|------------------------------|---------------|-----------------|
| ny hand and cause to         | be affixed th | e Great Seal of |
| the State of Illinois this _ |               | 6TH             |
| ,                            |               |                 |

#### 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:  |                        |                    |
|------------------------|--|------------------------|--------------------|
| In                     | nteractive Communications, LLC   |                        |                    |
| 2.                     | The name and the Florida street address of the registered agent and office are:  |                        |                    |
|                        | C T CORPORATION SYSTEM   |                        |                    |
|                        | (Name)   |                        |                    |
|                        | <u> </u>   |                        |                    |
|                        | Plantation FL 33324  |                        |                    |
|                        | (City/State/Zip)   |                        |                    |
| liabi<br>agen<br>to th | ing been named as registered agent and to accept service of process for the above stated ility company at the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the provisions of all be proper and complete performance of my duties, and I am familiar with and accept the position as registered agent. | t as regis<br>statutes | itered<br>relating |
| СТ                     | CORPORATION SYSTEM   |                        |                    |
|                        | (Signature)  |                        |                    |
|                        |  | AON 86                 | DIVISION (         |
|                        | Filing Fee: \$ 35 for Designation of Registered Agent  | 17                     | HZ=                |

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

| Th | e undersigned member or authorized representative of a member of interactive community  | ications L         | .LC  |
|----|---|--------------------|--|
| _  | certifies:  |                    |  |
| 1) | the above named limited liability company has at least two members;   |                    |  |
| 2) | the total amount of cash contributed by the member(s) is  | 0                  | ;  |
|    | (A description of the property is attached and made a part hereto.)   | 1,000,0            | ;  |
|    | the total amount of cash and property contributed and anticipated to be contributed by member(s) is  (This total includes amounts from 2 and 3 above.)  | 1,000,0            | 000 .  |
|    | Jaia Althorn,   |                    |  |
|    | Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | •                  |  |
|    | Craig Holcomb, Member Typed or printed name of signee   | 98 NOV 17 PM 3: 58 | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATION |

Filing Fee: \$250.00 for Application and Affidavit

# Interactive Communications, LLC Operating Agreement

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#### Interactive Communications, LLC Operating Agreement

EXHIBIT A

#### MEMBERS AND INITIAL CAPITAL CONTRIBUTIONS AND CAPITAL INTERESTS

Capital Contribution Section 8.4b.i.

| Name and Address | Capital   | Interest |
|------------------|-----------|----------|
| IC               | \$500,000 | 49%      |
| Wonderlic        | \$500,000 | 51%      |

DIVISION OF CORPORATIONS