## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 1. Corporation Name

P29382

Asche Transfer, Inc.

FILED 00 JUN 30 PM 2: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA

	Office Addre	ss L. Vernon	3. Mailing Office Address 10214 N. Mt. Vernon		REINSTATEMENTOG-Q	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		THE THE PROPERTY OF THE PROPER	
					4. Date Incorporated or Qualified To Do Business in Florida 5/16/1990	
City & State Shannon, IL			City & State Shannon, IL			
					5. FEI Number 36-3295961 Applied For Not Applicab	
Zip 6107	8	Country USA	<sup>Zip</sup> 61078	Country USA	6.  CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
			7. Name a	and Address of Current Regis	stered Agent	
	Name Corpor	ration Service	Company			
	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.					
ı						
	City	City Tallahassee			State   Zip Code   FL 32301	

8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Laura R. Dunlap

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Unicer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip				
Dir	Melissa M. White	10214 N. Mt. Vernon Road	Shannon, Illinois 61078				
Dir	Gary I. Goldberg	10214 N. Mt. Vernon Road	Shannon, Illinois 61078				
Dir	Richard S. Baugh	10214 N. Mt. Vernon Road	Shannon, Illinois 61078				
Pres	Richard S. Baugh	10214 N. Mt. Vernon Road	Shannon, Illinois 61078				
VP of Fin	Leon M. Monachos	10214 N. Mt. Vernon Road	Shannon, Illinois 61078				
Sec	Leon M. Monachos	10214 N. Mt. Vernon Road	Shannon, Illinois 61078				

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not quality for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

LEON MONACHOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ACCOUNT NO. : 07210000032

REFERENCE :

745026

**AUTHORIZATION:** 

COST LIMIT : \$ 908.75

ORDER DATE: June 26, 2000

ORDER TIME : 12:29 PM

ORDER NO. : 745026-075

CUSTOMER NO: 4805290

CUSTOMER: Deborah K. Openshaw, Paralegal

SACHNOFF & WEAVER, LTD. SACHNOFF & WEAVER, LTD.

Suite 2900

30 South Wacker Drive Chicago, IL 60606

## DOMESTIC FILING

NAME:

ASCHE TRANSFER, INC.

## EFFECTIVE DATE:

XX \_ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: