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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 31 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|-----------------------------------|--|--------------------|
| DOCUMENT # <u>P95000036269</u> | | | |
| 1. Corporation Name Financial Management Control of Arizona, Inc. | | | |
| 2. Principal Office Address 2906 Executive Way Suite, Apt. #, etc. | | 3. Mailing Office Address 3000 Corporate Exchange Dr. Suite, Apt. #, etc. | |
| City & State Miramar, FL | | City & State Columbus, OH | |
| Zip 33025 | Country USA | Zip 43231 | Country USA |
| 4. Date Incorporated or Qualified To Do Business in Florida May 5, 1995 | | 5. FEI Number 65-0581634 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | Applied For Not Applicable | |
| 7. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee | | | |
| State FL | | Zip Code 32301 | |
| 8. I, 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 Registered Agent <u>Patricia Pizzuto</u> Patricia Pizzuto as its agent Date <u>12/31/01</u> REGISTERED AGENT MUST SIGN | | | |
| 9. Names and Street Addresses of Each Officer 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 |
| | See attached Schedule A. | | 400004744694 |
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| 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 qualify 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: <u>Earl H. Devanny</u> Earl H. Devanny 614-865-8870 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <u>12/28/01</u> Daytime Phone # | | | |

CR2001 (9/00)

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OFFICERS/DIRECTORS RIDER

FL – Corporation Reinstatement

Financial Management Control of Arizona, Inc.

List of Officers

Nicholas G. Petrini Chairman, President and Chief Executive Officer
Business Address: 435 Ford Road, Minneapolis MN 55426

Earl Devanny Senior Vice President and Treasurer
Business Address: 435 Ford Road, Minneapolis MN 55426

Stanley R. Fish Secretary
Business Address: 435 Ford Road, Minneapolis MN 55426

William J. Kane Assistant Secretary and Assistant Treasurer
Business Address: 435 Ford Road, Minneapolis MN 55426

List of Directors

Nicholas G. Petrini
Business Address: 435 Ford Road, Minneapolis MN 55426

William J. Kane
Business Address: 435 Ford Road, Minneapolis MN 55426



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ACCOUNT NO. : 072100000032
REFERENCE : 524026 4354503
AUTHORIZATION : *Patricia Pizito*
COST LIMIT : \$ 750.00

ORDER DATE : December 24, 2001

ORDER TIME : 11:0 AM

ORDER NO. : 524026-100

CUSTOMER NO: 4354503

CUSTOMER: Ms. Cindy Zee
Piper Marbury Rudnick & Wolfe
1251 Avenue Of The Americas
29th Floor
New York, NY 10020-1104

DOMESTIC FILINGS

NAME: FINANCIAL MANAGEMENT CONTROL
OF ARIZONA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____

RECEIVED
01 DEC 31 AM 11:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA