OPPICE PRICON (Dock on Control of Tribble)

Florida Information Associates, Inc.

(Requestor's Name)

P. O. Box 11144

(Address)

Tallahassee, FL 32302 878-0188

(City, State, Zip)

000000175019 -03/19/96--01/95--019 *****70.00 *****70.00

OFFICE USE ONLY

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

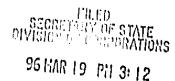
(Phone #)

| | NA, INC. | | (Document #) | · · · · · · · · · · · · · · · · · · · | _ |
|-------------------|------------------------------------|---------------------------------------|---|---------------------------------------|-------------|
| (C | orporation Name) | | (Document #) | | |
| (Co | orporation Nama) | | (Document #) | | |
| | Pick up time \(\sum \) Will wait | 3//S Photocopy | (Document #) Certified Copy Certificate of Status | 96 KAR | SECTION |
| NEW FILI | NGS | AMENDM | ENTS | 19 | |
| X Profit | | Amendment | | P3 | |
| NonProfit | | Resignation of R.A., Officer/Director | | 3: 12 | PAT NE |
| Limited Liability | | Change of Registered Agent | | N | SHOLL |
| Domestication | | Dissolution/Withdrawal | | | |
| Other | | Merger | | | |

| OTHER FILNGS | | |
|------------------|--|--|
| Annual Report | | |
| Fictitious Name | | |
| Name Reservation | | |

| REGISTRATION/ QUALIFICATION |
|------------------------------------|
| Foreign |
| Limited Partnership |
| Reinstatement |
| Trademark |
| Other |

Examiner's Initials



Articles of Incorporation of

AA COMBINA, INC.

It is Hereby Certified That:

- 1. The name of the corporation is: AA COMBINA, INC.
- 2. The purposes for which the corporation is formed are:

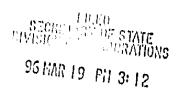
To engage in any act or activity for which corporations may be formed under the General Corporations Law, provided that the corporation shall not engage in any act or activity which requires the consent or approval of any State official, department, board, agency or any other body, without first having obtained such consent.

For the accomplishment of the aforesaid purposes, and in furtherance thereof, the corporation shall have and may exercise all of the powers conferred by the General Corporation Law upon corporations formed thereunder, subject to any limitations contained in any statute of the State of Florida.

- 3. The name and address of the initial registered agent of the corporation is: Fiorida information Associates, Inc., 2007 West Indianhead Drive, Tallahassee, FL 32301
- 4. The mailing address and principal place of business of the corporation is: c/o The Corporation, 1084 Madison Avenue, Albany, NY 12208
- 5. The aggregate number of shares which the corporation shall be authorized to issue is 1,000, with no par value.
- 6. The name and address of the incorporator is:
- R. Jon Pink 1084 Madison Avenue Albany, NY 12208
- 7. The corporation is to exist perpetually.

in Witness Whereof, the undersigned incorporator, being over the age of 21, has executed this certificate on the 14th day of March, 1996.

R. Jon Pink Incorporator



CERTIFICATE DESIGNATING REGISTERED AGENT

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

The Name of the corporation is AA COMBINA, INC.

The name and address of the registered agent and office is:

Florida Information Associates, Inc. 2007 W. Indianhead Drive Tallahassee, FL 32301

Florida Information Associates, Inc.

Bv:

Edward J. Tribble, Vice-President

March 19 1996

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, 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

Florida Information Associates, Inc.

By:

Edward J. Tribble, Vice-President

March 19, 1996