

CT CORPORATION

CORPORATION(S) NAME

**F02000002171**

Pioneer Credit Recovery, Inc.

**BK**

600005416076 -- 1

05/01/02 01835-030

\*\*\*\*\*70.00 \*\*\*\*\*70.00

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of RA
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> CUS
<input type="checkbox"/> Photocopies	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED  
 02 MAY -1 AM 11:06  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

5/1/02

Order#: 5199139

*MS*

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

FILED  
 02 MAY -1 PM 3:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- 1. Pioneer Credit Recovery, Inc  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
- 2. Delaware 3. 30 0002602  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. 12-13-01 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. upon authorization  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
- 7. PO Box 100  
Arcade ny 14009  
(Current mailing address)
- 8. Collection of delinquent debt via mail, phone & fax  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System  
Juan Daves  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Kathleen M. Balus  
Address: 11720 Olean Rd.  
Chaffee ny 14030  
Vice-Chairman: (no vice chairman)  
Address:

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TALLAHASSEE FLORIDA

Director: Thomas Bisson  
Address: 11600 Sallie Mae Dr.  
Reston, VA 20193  
Director: 10212 Hawks Lake Dr } Tony Sprehe  
Address: Fishers, IN 46038

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Kathleen M. Balus  
Address: 11720 Olean Rd.  
Chaffee ny 14030  
Vice President: Mark Balus  
Address: 11720 Olean Rd  
Chaffee ny 14030  
Secretary: Everett Stagg  
Address: 90 East Hill Run  
Springville ny 14141  
Treasurer: Joan Ludwig  
Address: 11837 Grove St.  
Delevan ny 14042

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Kathleen M. Balus*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kathleen M Balus Chairman - Board of Dir Pres/CEO  
(Typed or printed name and capacity of person signing application)

Pioneer Credit Recovery Inc

# Delaware

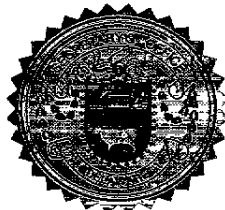
*The First State*

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02 APR - 1 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIONEER CREDIT RECOVERY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF APRIL, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3468124 8300

AUTHENTICATION: 1720303

020236835

DATE: 04-12-02