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DIVISION OF CORPCRATION.

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SECPLIFICATION OF THE PROPERTY OF THE PROP

CT CORPORATION

June 2, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re:

Order #: 5861607 SO

Customer Reference 1: None Given

Customer Reference 2:

Tso

Dear Secretary of State, Florida:

Please file the attached:

ACI Billing Services, Inc. (DE)

Qualification Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Katrina Forsman Fulfillment Specialist

Katrina_Forsman@cch-lis.com

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

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.		
1 ACI Billing Services, 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. 36-4457405		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. November 5, 1998 5. perpetual 5.		
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")		
6		
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		
2700 Patriot Boulevard, Suite 150, Glenview IL 60025		
(Principal office address)		
9255 Corbin Avenue, Northridge, CA 91324		
(Current mailing address)		
8. Billing Services		
(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: CT Corporation System		
Office Address: 1200 South Pine Island Road		
Plantation Florida 33324		
(City) (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, 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.		
DAVID I. FARBER ASSISTANT SECRETARY (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 business addresses of officers and/or directors:

A. DIRECTORS

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ress:		710 3
		76
Chairman:		三 三
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ess:		FC P
Patrick J.	Haynes, III	OFF 7
	iot Blvd., Suite 150	
Glenview,		
etor:	·	
OFFICERS		
dent: Michael	Labedz	
	riot Blvd., Suite 150	
CSS	, IL 60025	
President: Tho	mas C. Ratchford	
	triot Blvd., Suite 150	
Glenviev	v, IL 60025	
tary: Mercede	es Fehsel	
	riot Blvd., Suite 150, Glenview, IL 60025	
	C. Ratchford	
ess: same as	above	
	you may attach an addendum to the application listing additional offi	icers and/or directors.
(Sign	ature of Chairman, Vice Chairman, or any officer listed in number 12	of the application)
Thomas C. I	Ratchford, Vice President	

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACI BILLING SERVICES, 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 TWENTY-NINTH DAY OF MAY, A.D. 2003.

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

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

O3 JUN -2 PM Ph 1:
SECRETARIA STATE
TATLAMIA SSEER BLANKS



Variet Smith Hindson

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 2442833

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DATE: 05-29-03