000005212 nt Number Only Docum

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

CORPORATION(S) NAME

CORPORATION(S) NAM	1E	7000030098571 -10708/9901062003 *****78.75 *****78.75		
		9		
Online Benefits, Inc.		9 OCT +8 PH 3: 1		
(x) Profit	() Amendment	() Merger		
() Nonprofit				
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark		
() Limited Partnership () LLC	 () Annual Report () Name Registration () Fictitious Name 	() Other () Change of RA		
(x) Certified Copy	() Photocopies			
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 436 3 (x) Pick Up 5 99		
Name Availability Document Examiner Updater Verifier Acknowledgement W.P. Verifier	10/08/99	OCT -8 PM 1: 19		
		WYMY		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.

1.	UNCINE BENEFITS, 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	NEW YORK 3 11-3391979 0	
i	NGW York State or country under the law of which it is incorporated) 3. 11-3391979 (FEI number, if applicable) 3. 11-3391979	
4.	SULY 24, 1997 5. PERPETVAL 0 (Date of incorporation) 5. PERPETVAL 0	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")?	
б.,	<u>9-1-99</u> (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, and 817.155, F.S.)	
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, and 817.155, F.S.)	
π	1026 DLD COUNTRY READ SUITE 202	
	WRSTBURY MY 11590 - (Current mailing address)	
	(Current mailing address)	
8	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	Ś
-	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
9,	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	Name: <u>C T CORPORATION SYSTEM</u>	
Off	ce Address: <u>1200 South Pine Island Road</u>	
	Plantation , Florida, <u>33324</u> (Zip code)	
10.	Registered agent acceptance:	
μ.	-	
	ving been named as registered agent and to accept service of process for the above stated corporation at the place designated his application. I hereby accent the appointment as registered agent and agree to get in this appoint. I fighted agent to be appendent of the second to be accent to be appointed to be accent.	

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 obligation of my position as registered agent.

C T CORPORATION SYSTEM (Registered agent's signature) CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY 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.

(FL019 - 4/23/98)



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12. Name	and addresses of officers and/	or directors: (Street a	uddress ONLY - P.O. Bo	x NOT acceptable)	
A. DI	RECTORS (Street address o	niy - P.O. Box NOT	acceptable)		
	ALAN COHEN				·
Address; _ 01Rbcfs Vice Chair	1025 OLD CO. Man: JOHN GROM	JARRY RD.,	WESTBURY, M	1 11590	<u> </u>
Address: _	1025 010 600	MARY RD.,	WASTBORY,	~y=11590 ₽	9 <u>2.05</u>
	THOMAS PENN	IELL_	······································	ی چ :=:	
Address: _	THOMAS PENN 1025 OLD C	oundry ND.	, WESTBURY	1 11590	R S F
 Director:		· · · · · · · · · · · · · · · · · · ·			
Address:			····		
	CERS (Street address only -		ptable)	· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	ALAN COHEN 1025 DLD CO		WESGBURY	, ~¥ 11590	
- Vice Presid	ent: JOHN LAD.	NEY			
Address: .	1025 010	COVIMAY 1	20. WESTBUR	+ , + 115	90
- Secretary: _					
Address: .	1025 040 6				
VP+CF Treasurer:	5047 E. D 1025 040	UNAUVE			-
Address: _	1025 040	LOUNKRY 1	20. WESTBUR	-y y . 115	
- NOTE: If	ecessary, you may attach an a		cation listing additional or	fficers and/or director	rs.
13	(Signature of Chairman, V		officer listed in number	2 of the application	
14 50	HN & DONAUVE				•
•, -F, F,	(Typed or printed	name and capacity of	person signing application	m)	••••••••••••••••••••••••••••••••••••••

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(FL019)



State of New York } ss: Department of State

I hereby certify, that the certificate of incorporation of ONLINE BENEFITS, INC. was filed on 07/24/1997, under the name of ACCESS TO INFORMATION, INC., with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment ACCESS TO INFORMATION, INC., changing mame to ONLINE BENEFITS, INC., was filed 08/18/1997.



199910060387 * 07

Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of October one thousand nine hundred and ninety-nine.

Special Deputy Secretary of State