

CT CORPORATION SYSTEMS

F01000004026

CORPORATION(S) NAME

(1) Bridgeview Payment Solutions, Inc. (Qualification)

(2) Bridgeview Payment Solutions, Inc. Fictitious Name:

Accept Merchant Services

FILED
01 JUL 31 PM 2:52
TALLHASSEE, FLORIDA
SECRETARY OF STATE

300004509433-0
-07/31/01-01045-024
*****70.00 *****70.00

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

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01 JUL 31 AM 11:31
DIVISION OF CORPORATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/31/01

Order#: 4695235

File 155

Ref#: _____

MB

Amount: \$ _____

BK

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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TALLAHASSEE, FLORIDA

1. Bridgeview Payment Solutions, 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. Illinois 3. 36-4376553
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 11, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(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.)

7. 710 Quail Ridge Drive, Westmont, Illinois 60559
(Principal office address)

(same as above)
(Current mailing address)

8. All business activity for which a corporation may be organized under the IBCA, as amended.
(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

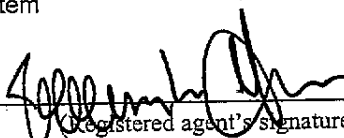
Office Address: 1200 South Pine Island Road

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. 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.

CT Corporation System


(Registered agent's signature)

Jeffrey R. Graves, 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Thomas P. Haleas

Address: 710 Quail Ridge Drive

Westmont, IL 60455

Vice Chairman: _____

Address: _____

Director: Peter J. Haleas

Address: 710 Quail Ridge Drive

Westmont, IL 60455

Director: William L. Conaghan

Address: 710 Quail Ridge Drive

Westmont, IL 60455

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: James M. Maher

Address: 710 Quail Ridge Drive

Westmont, IL 60455

Vice President: _____

Address: _____

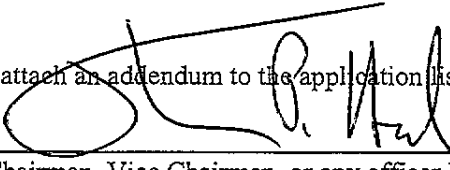
Secretary: William L. Conaghan

Address: 710 Quail Ridge Drive

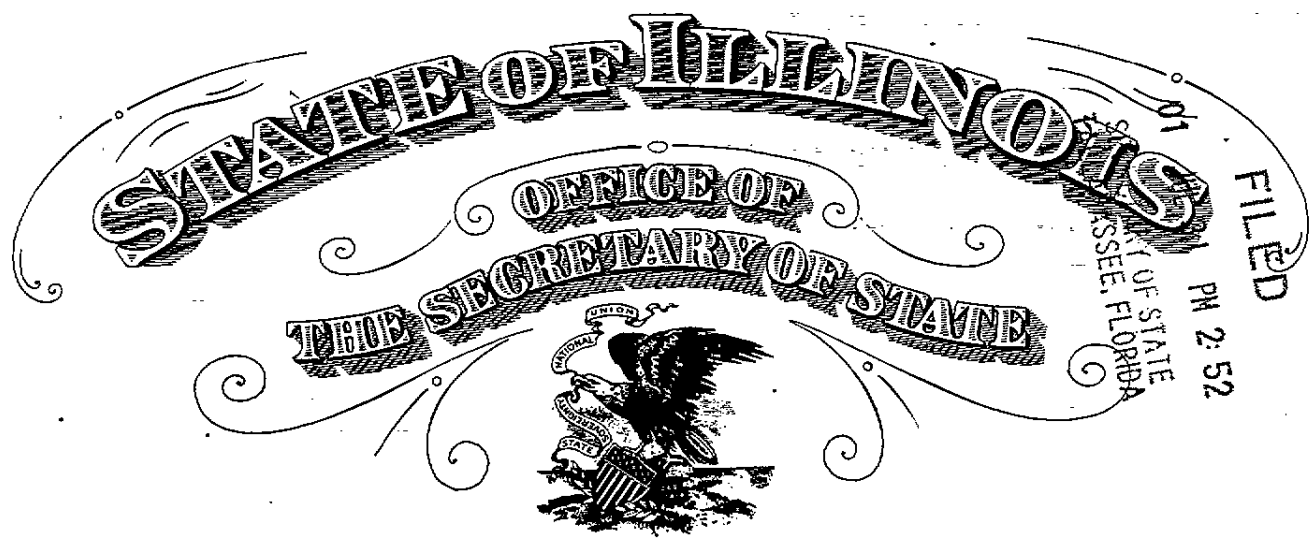
Treasurer: Westmont, IL 60455

Address: _____

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

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas P. Haleas, Chairman
(Typed or printed name and capacity of person signing application)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that BRIDGEVIEW PAYMENT SOLUTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE APRIL 11, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

In Testimony Whereof, I, hereto set
my hand and cause to be affixed the Great Seal of
 the State of Illinois, this 30TH
 day of JULY 2001
 A.D.



Jesse White

SECRETARY OF STATE