FORM BCA-2.10 PARTELES GENER PORCHENY

(Rev. Jan. 1999)

Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
http://www.sos.state.il.us

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

This space for use by Secretary of State

FILED

APR 15 2003

JESSE WHITE SECRETARY OF STATE 6280-319-3

SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date 4-15-03

Franchise Tax \$

Filing Fee

\$ 75

Approved

1.	CORPORATE NAME:	ELSON GROUP INC.		
	(The corporate name must contain the word "corporation," "company," "incorporated," "limited" or an abbreviation thereof.)			
2.	Initial Registered Agent:	Dennis	E.	Wieczorek
		First Name	Middle Initial	Last Name
	Initial Registered Office:	203 N.	LaSalle Street	Suite 1800
	_	Number	Street	Suite #
		Chicago IL	Cook	60601
		City	County	ZIP Code

3. Purpose or purposes for which the corporation is organized: (If not sufficient space to cover this point, add one or more sheets of this size.)

To engage in any lawful act or activity for which a corporation may be incorporated under the Illinois Business Corporation Act of 1983, as amended.

Eugene "Gene" Moore Fee: \$26.00 Cook County Recorder of Deeds Date: 04/17/2003 03:04 PM Pg: 1 of 2

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class

Par Value per Share

Number of Shares Authorized Number of Shares Proposed to be Issued Consideration to be Fedeived Therefor

Common

\$npv

10,000

1,000

\$1,000.00

TOTAL = \$1,000.00

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

(If not sufficient space to cover this point, add one or more sheets of this size.)

(over)

0310732144 Page: 2 of 2 OPTIONAL: (a) s constituing the initial board of direc s of the corporation: Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify: Name Residential Address City, State, ZIP 6. OPTIONAL: (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: It is estimated that the gross amount of business that will be (d) transacted from places of business in the State of Illinois during the following year will be: 7. OPTIONAL: OTHER ! R'DVISIONS Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc. 8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S) The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true. Dated April (Month & Day) Year Signature and Name **Address** 2628 Liberty Lane St ect John B. Elson, Incorporator Glen /iev 60025 (Type or Print Name) City/1 own State ZIP Code 2. Signature Street (Type or Print Name) ZIP Code Citv/Town State 3. Signature Street (Type or Print Name) City/Town State ZIP Code (Signatures must be in **BLACK INK** on original document. Carbon copy photocopy or rubber stamp signatures may only be used on conformed copies.) NOTE: If a corporation acts as incorporator the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary. **FEE SCHEDULE** The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25. The filing fee is \$75.

- The minimum total due (franchise tax + filing fee) is \$100.
- (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary. Springfield, IL 62756 Illinois Secretary of State

Department of Business Services

Telephone (217) 782-9522 or 782-9523

C162.20