Filing and License Fee: \$310.00 minimum

ID Number: 100



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

FILED

DEC 29 2006

BUSINESS CORPORATION

By QOE 211425

APPLICATION FOR CERTIFICATE OF AUTHORITY Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign

the f	following statement:	of business in the State of Rhode Island, and to	ir that purpose submits
1. T	The name of the corporation is OxfordSVI, Inc.		
2. It	It is incorporated under the laws of Illinois		
3. T	The name, if different, which it elects to use in Rhode Island is:	· :	
	(a) If the name of the corporation in its jurisdiction of in "incorporated," or "limited," or an abbreviation thereof, above corporate endings for use in Rhode Island:	incorporation does not contain the word "co then list the name of the corporation with the	rporation." "company," addition of one of the
	(b) If the corporate name is not available in Rhode Island, the qualify and transact business in Rhode Island as state application:	nen set forth below the fictitious name under whe ad in the "Fictitious Business Name Statemen	nich the corporation will it" to be filed with this
4 T	The date of its incorporation is 05/31/2006	and the period of its duration is Perpetual	
5. T	The address of its principal office in the state or country under t	the laws of which it is incorporated is	
	lizabeth W Salmon, Peoria, Illinois, 61615		
6. T	The address of its proposed registered office in Rhode Island is		<u> </u>
		(Street Address, <u>not</u> P.O	C)
<u>P</u>	Providence , RI 02903 (City/Town) (Zip Code)	and the name of its proposed registered ag	gent in Rhode Island at
th	that address is CT Corporation System		
	(Na	ame of Agent)	
	The purpose or purposes which it proposes to pursue in the trai SEE ATTACHMENT	nsaction of business in Rhode Island are:	
_			
3. (a	a) The names and respective addresses of its directors (option	nal unless directors are required under the laws	of the state or country
	of which it is incorporated).		
	<u>Name</u>	<u>Address</u>	
	Director		
	Director		
	Director		

Form No. 150 Revised: 12/05

Director

			<u>Name</u>		<u>Address</u>
	President				
	Vice Presiden	t			
	Treasurer				
	Secretary	David Noyes		1520 W. Altorfer Drive	, Peoria, IL 61615
9.	The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:				
	Number	of Shares	Close	On the	Par Value or Statement that
	10,000	onares	<u>Class</u> COMMON	<u>Series</u> NONE	Shares are without Par Value
			COMMOIA	NONE	0.0100
10.	(a) An estimate \$ 0.0000	of the value of	all property to be o	owned by the corporation	for the following year, wherever located, is
	(b) An estimate \$ 0.0000	of the value of	the corporation's pro	operty to be located within	n Rhode Island during the following year is
11.	following yea	r, wherever locate	the following year beared, is 0	ars to the value of all prope %. [<i>divide (b) by (a) and</i>	value of the property of the corporation to be rty of the corporation to be owned during the multiply by 100 to obtain the percentage].
	(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Island during the following year is \$ 0.0000				ration at or from places of business in Rhode
	corporation a	t or from places of by the corporation	f Dusiness in this stati	e during the following year.	amount of business to be transacted by the bears to the gross amount thereof which will divide (b) by (a) and multiply by 100 to obtain
12.	This application is of which it is incorp	accompanied by porated.	a certificate of Good t	Standing issued by the prop	per officer of the state or country under the laws
13.	This Application fo than the 90 th day a	r Certificate of Au after the date of th	thority shall be effecti	ive upon filing unless a spe	cified date is provided which shall be no later
Date	e: <u>12-22</u> -	-200b		examined this Applica any accompanying a contained herein are the Signature of A Elizabeth W Salmon, Pres	uthorized Officer of the Corporation

Attachment to Rhode Island Corporate Purposes

OxfordSVI, Inc. is a leading provider of technology solutions and support services to the lodging industry. Notwithstanding the foregoing, the purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the laws of its jurisdiction of incorporation

Officers & Directors

1 Full Name:

Elizabeth W. Salmon

Officer/Director:

Officer

Officer's Title:

Chief Operating Officer

Business Address:

1520 W. Altorfer Drive

City:

Peoria

State:

IL

ZIP Code:

61615

File Number

6482-685-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

OXFORDSVI, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 31, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0635203568 Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

DECEMBER

A.D.

2006

SECRETARY OF STATE