Filing Fee: \$150.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is: Shareholder Solutions (ACS), ELC						
2.	The name, if different, under which it proposes to register a	and transact business in Rhode I	sland	r i	කිය මිසි මිසි	.,	
3.	The limited liability company is organized under the laws of	Delaware		(2)		•	
4	The date of its organization is July 30, 2004				·- c -		
5.	The period of duration of the limited liability company is (if p	perpetual, so state) Perpetual			<u>O(</u>	-	
6.	The address of the limited liability company's resident ager	nt in Rhode Island is:		35			
	222 Jefferson Boulevard, Suite 200	Warwick	, RI		02888		
	(Street Address, <u>not</u> P O. Box)	(City/Town)		(Zip Code)			
	and the name of the resident agent at such address is	Corporation Servi (Name of Agent)		Company			
7.	The secretary of state is appointed the agent of the foreign there is no resident agent or if the resident agent canno diligence.	limited liability company for serv t be found or served following	ice of the ex	proces: cercise	s if at any of reaso	y time onable	
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:						
	2711 Centerville Road, Suite 400, Wilmington, DE 19808						
9	The mailing address for the limited liability company is:	FILE	<u> </u>				
	2828 N. Haskell Ave., Bldg. 1, FL-10						
	Dailas, TX 75204	FEB 2 2 20	Uh				
		By AMF					
-	m No. 450 vised. 01/99	51998	7				

10.]	. The limited liability company is to be managed by:		
		(Check one box only)	
	its members	or	
11. I	f the limited liability company has manageach manager:	ers at the time of filing this application, please list the name and address of	
	<u>Manager</u>	<u>Address</u>	
	Stuart Chagrin	80 Broad St., 8th Fl., New York, NY 19004	
_1	Phillip Fitzsimmons	450 7th Ave., Ste. 1300, NYC, NY 10123	
	Peter Miller	450 7th Ave., Ste. 1300, NYC, NY 10123	
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12 T a	This application is accompanied by a cert authorized officer of the jurisdiction under	ificate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized.	
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.	
Date	e January 13, 2005	Shareholder Solutions (ACS), LLC	
		Print Exact Name of Limited Liability Company Making Application	
		By P. Taba	
		Signature of authorized person	