

State of Idaho

Department of State

CERTIFICATE OF AUTHORITY

OF

AMERICASH, INC.

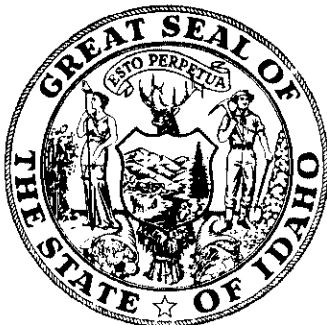
dba AMEX ATMS, INC.

File Number C 126319

I PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the Application for such Certificate.

Dated: November 13, 1998



Pete T. Cenarrusa
SECRETARY OF STATE

By *[Signature]*

APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

To the Secretary of State of Idaho:

The undersigned Corporation applies for a Certificate of Authority and states as follows:

- The name of the corporation is AMERICASH, INC.
- The name which it shall use in Idaho is Amex ATMs, Inc.
- It is incorporated under the laws of Delaware
- Its date of incorporation is December 31, 1997
- The address of its principal office is c/o United Corporate Services, Inc.
15 East North St., Dover, DE 19901
- The address to which correspondence should be addressed, if different from item 5, is _____
5 East 59th St., New York, NY 10022
- The street address of its registered office in Idaho is 1401 Shoreline Drive Boise, Idaho 83702
_____, and its registered agent in Idaho at that address is Corporation Service Company
- The names and respective business addresses of its directors and officers are:

Name	Office	Address
See attached officers/directors rider		

Dated: November 4, 1998

AMERICASH, INC.

By

Michael J. Emont

Its

Secretary

(specify capacity of signer)

Customer Acct # :

(if using pre-printed form)

IDAHO SECRETARY OF STATE

Secretary of State use only

11/09/1998 09:00

CK: 10749 CT: 47921 BH: 160169

1 @ 100.00 = 100.00 AUTH PRO # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

OFFICERS/DIRECTORS RIDER

ID-Application for Certificate of Authority

AMERICASH, INC.

List of Officers

Name: David Jan Mitchell **Title:** Co-President
Bus. Addr.: c/o Americash, Inc. 5 East 59th St., New York, NY 10022

Name: Michael J. Emont **Title:** Secretary
Bus. Addr.: 30 Rockefeller Plaza, New York, NY 10112

Name: Bippy M. Siegel **Title:** Co-President
Bus. Addr.: c/o Americash, Inc. 5 East 59th St., New York, NY 10022

List of Directors

Name: David Jan Mitchell **Term:**
Bus. Addr.: c/o Americash, Inc. 5 East 59th St., New York, NY 10022

Name: Bippy M. Siegel **Term:**
Bus. Addr.: c/o Americash, Inc. 5 East 59th St., New York, NY 10022



Prescribed by
Bob Taft, Secretary of State

Form 200-A (January 1991)

RESOLUTION OF FOREIGN CORPORATION to Qualify Under an Assumed Name

The undersigned hereby certifies that the Board of Directors of AMERICASH, INC.

a foreign corporation desiring a license to transact business in Ohio, did on the 2nd day of
November, 1998, adopt the following resolution, to wit:

RESOLVED, that the corporation is hereby directed to make application for a license to transact business in Ohio under the assumed name of Amex ATMs, Inc. and that the corporation will transact business in Ohio only under such assumed name.

By: 

Michael J. Emont Secretary or Assistant Secretary

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICASH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF NOVEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICASH, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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981423925



9386717
11-04-98

Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: