

CERTIFICATE OF AUTHORITY OF

COVIA CORPORATION

•	y of State of the State of Idaho, hereby certify that
duplicate originals of an Application of	OVIA CORPORATION
for a Cert	tificate of Authority to transact business in this State,
duly signed and verified pursuant to the pr	ovisions of the Idaho Business Corporation Act, have
been received in this office and are found	to conform to law.
ACCORDINGLY and by virtue of the	authority vested in me by law, I issue this Certificate of
Authority toCOVIA CORPORATION	
to transact business in this State under the n	
a	and attach hereto a duplicate original of the Application
for such Certificate.	
Dated November 21, 1986	
E PER C	SECRETARY OF STATE

Corporation Clerk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

o the Secretary of State of Idaho	RECEIVED 1. Idaho Code, the undersigned Corporation hereby applies for a Certificate of
uthority to transact business in y	your State, and for that purpose submits the following statement:
	10 MM 21 CM 9 50
1. The name of the corporation is	
!. The name which it shall use in l	Idaho is
	ed to avoid a conflict with a name already on file. Must be accompanied by a adopting assumed name in Idaho.)
3. It is incorporated under the law	ws of Delaware
. The date of its incorporation is	November 18, 1986 and the period of its duration
is <u>perpetual</u>	•
. The address of its principal off	ice in the state or country under the laws of which it is incorporated is
1209 Orange St.,	Corporation Trust Center, Wilmington, DE 19801
. The address to which correspon	ndence should be addressed, if different from that in item 5.
c/o 111 W. Monro	oe St., Ste. 2000, Chicago, IL 60603
. The street address of its propose	ed registered office in Idaho is 300 North 6th Street
Boise, Idaho 83701	to registered office in Idano is
Doise, Idano 65701	, and the name of its proposed
registered agent in Idaho at that	t address isC T CORPORATION SYSTEM
. The purpose or purposes which	h it proposes to pursue in the transaction of business in Idaho are:
Business, data pr	cocessing, communcations, reservation
and ticketing ser	vices
The names and respective addr	resses of its directors and officers are:
Name	Office Address
John H. McDermott	Pres/Treas/Dir 111 W. Monroe St., Chicago, IL
	VicePres/Secy/Dir Same
Benjamin J. Baker	Asst.Secy/Dir Same
9	,
9	

Name	Office	Address
	*	
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10 The cornoration accents and sh	all comply with the prov	visions of the Constitution and the laws of the State o
Idaho.	tent contribity, where are brown	
		porate Status or Existence, duly authenticated by the laws of which it is incorporated.
	•	
Dated: November 20, 19		
	COVI	A CORPORATION
		(Corporation Name)
	Ву	Its President/Vice President (please specify)
	1	7
	and	Its Secretary/Assistant Secretary (please specify)
STATE OFIllinois)	its Scorocary Assistant poor can't (prease specify)
COUNTY OF COOK) ss:	
I, Irma Zemaita	<u>itis</u>	, a notary public, do hereby certify that or
his 20th day	of November	, 19 86 , personally appeared before
me Todd J. Hansen		, who being by me first duly sworn, declared that (3) he
s the Vice President	of Cov;	ia Corporation
	Vice D	rogidant
that (x) he signed the foregoing docu the statements therein contained are	ment as VICE F	resident of the corporation and tha
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	Stee	ua frum lactes
		Notary Public

State of Belaware



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Office of Secretary of State

I, MICHAEL HARKINS, SECRETARY OF STATE OF THE STATE OF

DELAWARE DO HEREBY CERTIFY COVIA CORPORATION 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 DATE SHOWN BELOW.



863220354

Michael Harkins, Secretary of State

AUTHENTICATION: 11011956

DATE: 11/19/1986