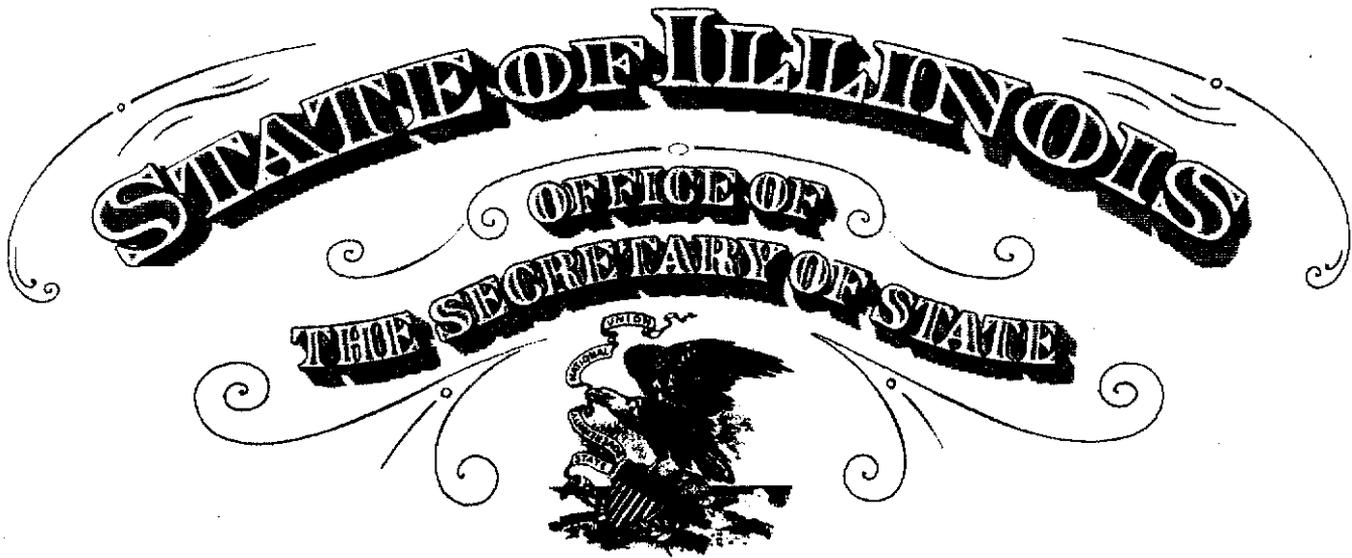


**EXHIBIT B**

ILLINOIS CERTIFICATE OF GOOD STANDING

ILLINOIS ARTICLES OF INCORPORATION



*To all to whom these Presents Shall Come, Greeting:*

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

THE FOREGOING AND HERETO ATTACHED IS A TRUE AND CORRECT COPY, CONSISTING OF 4 PAGES, AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR INETWORKS GROUP, INC..\*\*\*\*\*

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of MAY A.D. 2008 .*



*Jesse White*

Form **BCA-2.10** | **ARTICLES OF INCORPORATION**

(Rev. Jan. 1999)  
 Jesse White  
 Secretary of State  
 Department of Business Services  
 Springfield, IL 62756  
 http://www.sos.state.il.us

This space for use by Secretary of State

**SUBMIT IN DUPLICATE!**

Filed 1/16/2002  
 Jesse White Secretary of State

This space for use by Secretary of State  
 Date Filed 1/16/2002  
 Franchise Tax \$ 25.00  
 Filing Fee \$ 75.00  
 Approved BE \$100.00

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."

62002301



1. CORPORATE NAME: iNETWORKS Group, Inc. **RB**

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent:	Laurence J. DeVries		
	First Name	Middle Initial	Last name
Initial Registered Office:	566 West Adams, Suite 600		
	Number	Street	Suite #
	Chicago	IL Cook	60661
	City	County	Zip Code

3. Purpose or purposes for which the corporation is organized: **44**  
 (If not sufficient space to cover this point, add one or more sheets of this size.)  
 To conduct any and all business for which corporations may be organized under the Illinois Business Corporation Act.

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 Received Therefor
Common	\$ N/A	10,000	1000	\$100.00
				<b>TOTAL = \$100.00</b>

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are: N/A  
 (If not sufficient space to cover this point, add one or more sheets of this size.)

(over)

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: \_\_\_\_\_  
 (b) 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

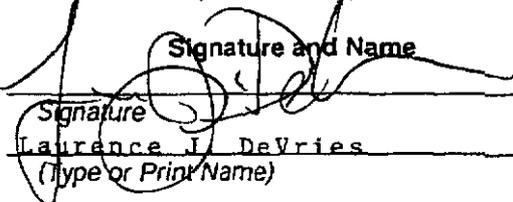
6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_  
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_  
 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ \_\_\_\_\_  
 (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ \_\_\_\_\_

7. **OPTIONAL: OTHER PROVISIONS**  
 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 December 17, 2001  
 (Month & Day) Year

Signature and Name	Address
1.  Signature Laurence J. DeVries (Type or Print Name)	1. <u>566 West Adams Street, Suite 600</u> Street <u>Chicago, Illinois 60661</u> City/Town State ZIP Code
2. _____ Signature (Type or Print Name)	2. _____ Street City/Town State ZIP Code
3. _____ Signature (Type or Print Name)	3. _____ Street 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.
- Illinois Secretary of State Springfield, IL 62756  
 Department of Business Services Telephone (217) 782-9522 or 782-9523

FORM **BCA 5.10/5.20** (rev. Dec. 2003)  
**STATEMENT OF CHANGE OF  
REGISTERED AGENT AND/OR  
REGISTERED OFFICE**  
Business Corporation Act

Jesse White, Secretary of State  
Department of Business Services  
Springfield, IL 62756  
217-782-3647  
www.cyberdriveillinois.com

**FILED**

**FEB 26 2007**

**JESSE WHITE  
SECRETARY OF STATE**

**P A I D**  
**FEB 27 2007**

**DEPARTMENT OF  
BUSINESS SERVICES**

Remit payment in the form of a  
check or money order payable  
to Secretary of State.



CP0667654

File #

6200230-1

Filing Fee: \$25

Approved:

JH

Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. Corporate Name: INETWORKS Group, Inc.
2. State or Country of Incorporation: Illinois
3. Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State (before change):

Registered Agent Laurence J. DeVries  
First Name Middle Name Last Name

Registered Office 566 W. Adams, Suite 600  
Number Street Suite No. (P.O. Box alone is unacceptable)

Chicago 60661 Cook  
City ZIP Code County

4. Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported):

Registered Agent Laurence J. DeVries  
First Name Middle Name Last Name

Registered Office 900 W. Jackson, Suite #7E  
Number Street Suite No. (P.O. Box alone is unacceptable)

Chicago 60607 Cook  
City ZIP Code County 016

5. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

6. The above change was authorized by: ("X" one box only)
  - a.  Resolution duly adopted by the board of directors. (Note 5)
  - b.  Action of the registered agent. (Note 6)

**SEE REVERSE FOR SIGNATURE(S).**

