



**CERTIFICATE OF ASSUMED BUSINESS NAME  
(All Entities)**

State Form 30353 (R11 / 1-03)  
State Board of Accounts Approved 2002

**2005 007394**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 JAN 31

TODD ROKITA  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

MICHAEL A. BROWN  
RECORDER

**FILING FEES PER CERTIFICATE:**

For-Profit Corporation, Limited Liability Company, Limited Partnership **\$30.00**  
Not-For-Profit Corporation **\$26.00**

**INSTRUCTIONS:**

Use an 8 1/2" x 11" sheet of white paper for attachments.  
Present original and one (1) copy to address in upper right corner of this form.  
Please TYPE or PRINT.  
Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

1. Name of entity <b>INTERCONTINENTAL OMS, INC.</b>	2. Date of incorporation / admission / organization <b>September 10, 2001</b>
3. Address at which the entity will do business or have an office in Indiana. If no office in Indiana, then state current registered address (street address) <b>8585 Broadway, Suite 860</b>	
City, state and ZIP code <b>Merrillville, IN 46410</b>	
4. Assumed business name(s) <b>TRITON</b>	
5. Principal office address of the entity (street address) <b>8585 Broadway, Suite 860</b>	
City, state and ZIP code <b>Merrillville, IN 46410</b>	
6. Signature of officer or other authorized party 	7. Printed name and title <b>Richard Metzger, President</b>

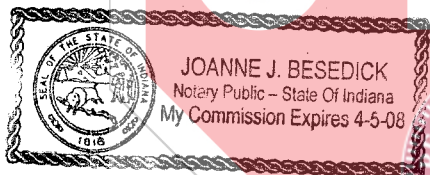
This instrument was prepared by:  
**James L. Jorgensen, Hoepfner Wagner & Evans LLP, 103 E. Lincolnway, Valparaiso, IN 46383**



Subscribed and sworn to before me, this 24<sup>th</sup> day of Jan, 2005.

County of Residence Lake  
My Commission Expires: \_\_\_\_\_

Notary: Joanne J. Besedick  
Printed Name: Joanne J. Besedick



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