

Document Number 01

F00000001670

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

600003185096--3
-03/27/00--01075-025
*****70.00 *****70.00

CORPORATION(S) NAME

ebDirect Insurance Services, Inc.

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Amendment
- Merger
- Dissolution/Withdrawal
- Mark
- Limited Partnership
- Annual Report
- Other
- Reinstatement
- Reservation
- Change of R.A.
- Limited Liability Partnership
- Fictitious Name
- Certified Copy
- Photo Copies
- CUS
- Call When Ready
- Call if Problem
- After 4:30
- Walk In
- Will Wait
- Pick Up
- Mail Out

Qualification

00 MAR 27 PM 1:21

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DIVISION OF CORPORATIONS

Name
Availability
Document Examiner
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Acknowledgment
W.P. Verifier

3/27

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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THANKS
LAURA EARNEST

[Handwritten signature]
3/27/00

MAR 27

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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1. ebDirect Insurance Services, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. California (State or country under the law of which it is incorporated)
3. 94-3345493 (FEI number, if applicable)

4. 11/12/99 (Date of incorporation)
5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1 Sansome Street, 20th Floor
San Francisco, CA 94104
(Current mailing address)

8. To act as an insurance agency, broker or registered firm and to sell life, accident and health, disability, and all other kinds and classes of insurance or insurance related products permitted by statute.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System
Connie Bryan
(Registered agent's signature)
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael Dart

Address: 278 15th Avenue

San Francisco, CA 94118

Director: Robert McNamara

Address: 56 Politzer Avenue

Menlo Park, CA 94025

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Michael Dart

Address: 278 15th Avenue

San Francisco, CA 94118

** Vice President: Robert McNamara

Address: 56 Politzer Avenue

Menlo Park, CA 94025

Secretary: Robert McNamara

Address: 56 Politzer Avenue

Menlo Park, CA 94025

Chief Financial Officer: _____

Treasurer: Robert McNamara

Address: 56 Politzer Avenue

Menlo Park, CA 94025

** See Addendum for additional officers.
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. RS. M²⁹
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert McNamara, Chief Financial Officer/Vice President
(Typed or printed name and capacity of person signing application)

**Addendum to
Application By Foreign Corporation For Authorization To Transact
Business in Florida**

ebDirect Insurance Services, Inc.

12. B. Additional Officers

Vice-President: Matthew Louis Malpede
Address: 736 W. California Terrace
Chicago, IL 60657

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State of California

SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That on the 12th day of November, 19 99,

EBDIRECT INSURANCE SERVICES, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

March 13, 2000



Bill Jones

Secretary of State

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