CT CORPORATION(S) NAME

Managers Distributors Inc.	·	
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Verifier		
V.P. Verifier		Amounts & O
	•	Amount: \$

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

B. K 2/16

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.

1. Managers Dist	OREIGN CORPORATION TO TRANSAC ributors, Inc.		\$ ST -	
(Name of corpo	oration: must include the word "INCORPORA	arl	ED", "COMPANY", "CORPORATION" of the present.)	1
2. Delaware		3.	06-1603133	
(State or count	ry under the law of which it is incorporated)		(FEI number, if applicable)	
4. 12/26/00		5.	Perpetual	,
(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
5. Upon Qual			110 (2)	
(Date first trans	acted business in Florida. If corporation has (SEE SECTIONS 607.1:	noi 501	t transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)	
7. 40 Richards Av	venue, Norwalk, CT 06854	1.1		<u> </u>
	(Principal office a	ado	ress)	
same	(Current mailing	o d c	leace)	
	,			
corporation un	der the relevant corporation laws of the state		on any other business or other activity permitted to a	
(Purpose	(s) of corporation authorized in home state of	rc	ountry to be carried out in state of Florida)	
9. Name and <u>st</u>	reet address of Florida registered ager	nt:	(P.O. Box or Mail Drop Box NOT acceptable)	
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
O11100 1 10 00000			77 1 22224	
	Plantation (City)		, Florida <u>33324</u> (Zip code)	,
	(Grig)		V- 1	
Having been na designated in th further agree to	is application, I hereby accept the appo-	int tes	rice of process for the above stated corporation at the p ment as registered agent and agree to act in this capac relative to the proper and complete performance of my of my position as registered agent.	ity. I
200000, 0000 2 000				-GRI
	C T Corporation System	.	Ju- 9 SALVINA AMENTA SPEC. Asst. Secr.	e hur.
By:	(Registered agent		· · · · · · · · · · · · · · · · · · ·	
	(Kegistered agent	. 5 3	orginature)	

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 business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Director: жижжынын <u>Daniel J. Shea</u> Address: 23 Tubwreck Drive Medfield, MA 02052 Director: Nathaniel Dalton 136 Galloupes Point Road Address: Swampscott, MA 01907 Director: John Kingston, III Address: 32 Pierrepont Road Winchester, MA 01890 **B. OFFICERS** President: Peter M. Lebovitz Address: 218 Ferris Hill Road New Canaan, CT 06840 Vice President: Nathaniel Dalton Address: 136 Galloupes Point Road Swampscott, MA 01907 Secretary: John Kingston, III Address: 32 Pierrepoint Road Winchester, MA 01890 Treasurer: Daniel J. Shea Address: 23 Tubwreck Drive Medfield, MA 02052 SEE ATTACHMENT NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Peter M. Lebouitz, President

(Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MANAGERS DISTRIBUTORS, 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 FIFTH DAY OF FEBRUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 0956494

DATE: 02-05-01

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