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Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

NJP

FOREIGN PROFIT QUALIFICATION

ASURION WARRANTY SERVICES, INC.

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$87.50

RECEIVED

02 AUG 16 AM 7:41

DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Warranty Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer Chiarello
(Name of Person)

LeBoeuf, Lamb, Greene & MacRae, LLP
(Firm/Company)

125 W. 55th Street
(Address)

New York, NY 10019
(City/State and Zip code)

For further information concerning this matter, please call:

Jennifer Chiarello at (212) 424-8691
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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. Asurion Warranty 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. Washington 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/08/02 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 617.155, F.S.)

7. 8040 Linbar Drive
(Principal office address)

Nashville, TN 37211
(Current mailing address)

8. insurance and warranty services
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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.

Corporation Service Company Louise B. Smith, Asst. V. P.
[Signature]
(Registered agent's signature)

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.

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TALLAHASSEE FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: See attached officers/directors rider

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

13.



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

14. Tim Nulmon, Secretary

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

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Officers/Directors Rider
Asurion Warranty Services, Inc.

List of Officers

Name: Kevin M. Taweel
Term: Chairman
Business Address: 1700 S. El Camino Real, #502, San Mateo, CA 94402

Name: Michael W. Sheehan
Title: President
Business Address: 5040 Linbar Drive, Nashville, TN 37211

Name: Bret E. Comolli
Title: CEO, Asst. Secretary
Business Address: 1700 S. El Camino Real, #502, San Mateo, CA 94402

Name: Tim Mulron
Title: VP-Finance, Secretary, Treasurer
Business Address: 5040 Linbar Drive, Nashville, TN 37211

Name: Byron W. Smith
Title: Chief Marketing Officer
Business Address: 5040 Linbar Drive, Nashville, TN 37211

Name: Gerald A. Risk
Title: Chief Financial Officer
Business Address: 1700 S. El Camino Real, #502, San Mateo, CA 94402

List of Directors

Name: Kevin M. Taweel
Business Address: 1700 S. El Camino Real, #502, San Mateo, CA 94402

Name: R. James Ellis
Business Address: 1700 S. El Camino Real, #502, San Mateo, CA 94402

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STATE of WASHINGTON



SECRETARY of STATE

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

ASURION WARRANTY SERVICES, INC.

I **FURTHER CERTIFY** that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on August 8, 2002.

I **FURTHER CERTIFY** that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.



Date: August 8, 2002

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

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