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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

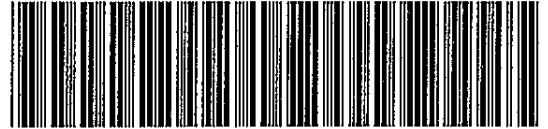
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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F04-3855  
R

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** United States Surety Company  
(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:

Amy G. Cooke  
(Name of Person)

United States Surety Company  
(Firm/Company)

P.O. Box 5605  
(Address)

Timonium, MD 21094  
(City/State and Zip code)

For further information concerning this matter, please call:

Amy G. Cooke at ( 410 ) 453-9522  
(Name of Person) (Area Code & Daytime Telephone Number)

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**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

**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. United States Surety Company  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maryland 3. 52-1976385  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 30, 1996 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 817.155, F.S.)

7. 20 West Aylesbury Road, Timonium, MD 21093  
(Principal office address)  
P.O. Box 5605, Timonium, MD 21094-5605  
(Current mailing address)

8. surety bond transactions  
(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  
(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.*

C T Corporation System

By: Kathryn A. Widdoes, Assistant Secretary  
(Registered agent's signature)

Kathryn A. Widdoes, 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 business addresses of officers and/or directors:

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DEPARTMENT OF STATE  
ALL ARREST RECORDS  
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**A. DIRECTORS**

Chairman: Michael J. Klein

Address: 10751 Falls Road  
Brooklandville, MD 21022

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Richard E. Klein

Address: 20 W. Aylesbury Road, Timonium, MD 21093

Vice President: Carol T. Nevin

Address: 20 W. Aylesbury Road, Timonium, MD 21093

Secretary: Michael J. Klein

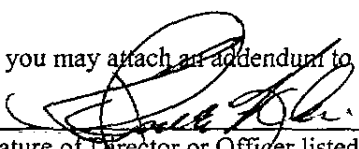
Address: 10751 Falls Road, Brooklandville, MD 21022

Treasurer: Justin R. Klein

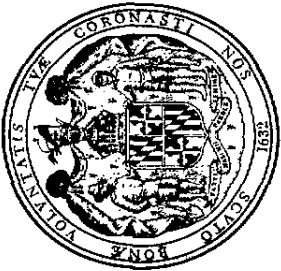
Address: 10751 Falls Road, Brooklandville, MD 21022

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SECRETARY OF STATE  
ALBANY, FLORIDA

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Richard E. Klein, President  
(Typed or printed name and capacity of person signing application)



**MARYLAND INSURANCE ADMINISTRATION**

**CERTIFICATE OF AUTHORITY**

**No. 001874**

**DUPLICATE**

The below named insurer has authority to transact, within this State until the 30th day of June next, unless said authority is revoked prior to said day in accordance with law, the kinds of insurance set forth below and specifically designated by code letters. Code letters are detailed on reverse side.

**S**

EFFECTIVE DATE		
MO	DAY	YR.
07	01	2004

**United States Surety Company  
20 West Aylesbury Road  
Timonium, MD 21093**

**Insurance Commissioner**

This is a certified copy of a Certificate of Authority  
Fee \$5.00 07/01/2004