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

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
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DIVISION OF CORPORATIONS

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FOREIGN PROFIT QUALIFICATION  
PARAMOUNT FUNDING CORP.

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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. PARAMOUNT FUNDING CORP.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**PARAMOUNT FUNDING MORTGAGE CORP.**

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

**2. NEW JERSEY**

(State or country under the law of which it is incorporated)

**3. 22-3263836**

(FEI number, if applicable)

**4. NOVEMBER 3, 1993**

(Date of incorporation)

**5. PERPETUAL**

(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. 25 Route 22 E.**

(Principal office address)

**Springfield, NJ 07081-3127**

(Current mailing address)

**8. ANY LAWFUL PURPOSE**

(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: **A1A REGISTERED AGENT INC.**

Office Address: **92 SADBERRY ROAD**

**QUINCY**

(City)

, Florida **32351**

(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.*

*x Paul Smith Paul Smith V.P.*

(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.**

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

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**A. DIRECTORS**

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

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

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

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

Director: **Joseph M. Gillis**

Address: **25 Route 22 E.**

**Springfield, NJ 07081-3127**

Director: **Antoinette M. McClain**

Address: **25 Route 22 E.**

**Springfield, NJ 07081-3127**

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**B. OFFICERS**

President: **Joseph M. Gillis**

Address: **25 Route 22 E.**

**Springfield, NJ 07081-3127**

Vice President: **Antoinette M. McClain**

Address: **25 Route 22 E.**

**Springfield, NJ 07081-3127**

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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. **Joseph M. Gillis, Director & President** \_\_\_\_\_

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

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**STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING**

**PARAMOUNT FUNDING CORP.  
0100568998**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 3, 1993.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*James McCaffrey  
6 Chaple Ave  
Jersey City, NJ 07305*

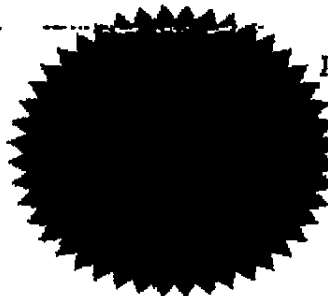
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DEPT. OF STATE

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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

PARAMOUNT FUNDING CORP.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
27th day of September, 2004

John E McCormac, CPA  
State Treasurer

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SECRETARY OF STATE  
CORPORATIONS