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DIVISION OF CORPORATION

FOREIGN PROFIT/NONPROFIT CORPORATION

CNH Capital Insurance Agency Inc.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. CNH Capital Insurance Agency Inc.
(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. Delaware 3. 39-1867188
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 6, 1996 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 700 State Street, Racine, WI 53404
(Principal office address)

Same
(Current mailing address)

8. to engage in business as an insurance intermediary and as a licensed non-resident insurance agent or broker.
(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 NOT acceptable)

Name: CT 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.

By: Kelly Snedden
(Registered agent's signature)

Kelly Snedden
Asst. Secretary

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Steven C. Bierman

Address: 233 Lake Avenue, Racine, WI 53403

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: Harold D. Boyanovsky

Address: 6900 Veterans Boulevard, Burr Ridge, IL 60527

Director: Gary S. Michaels

Address: 5729 Washington Avenue, Racine, WI 53406

B. OFFICERS

President: Steven C. Bierman

Address: 233 Lake Avenue, Racine, WI 53403

Vice President: Gary S. Michaels

Address: 5729 Washington Avenue, Racine, WI 53406

Secretary: Robert S. Kirby

Address: 700 State Street, Racine, WI 53404

Treasurer: Marco Casalino

Address: 6900 Veterans Boulevard, Burr Ridge, IL 60527

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

13. *Ad C. B.*

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

14. Steven C. Bierman, Chairman and President

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

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CNH Capital Insurance Agency Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Directors

Harold D. Boyanovsky
Steven C. Bierman
Gary S. Michaels

Officers

Steven C. Bierman
Gary S. Michaels
Michael Wall
Robert S. Kirby
Marco Casalino
Thomas N. Beckmann
Andrea Kosagowsky
Brett D. Davis
Mary D. Storzstell
Rick H. Aide

Chairman and President
Vice President
Vice President, Tax
General Counsel and Secretary
Treasurer
Assistant Treasurer
Assistant Treasurer
Assistant Secretary
Assistant Secretary
Tax Officer

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNB CAPITAL INSURANCE AGENCY 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 TWENTY-EIGHTH DAY OF AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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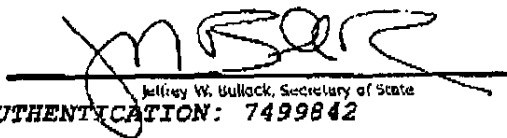
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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7499842

DATE: 08-28-09