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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Glatfelter Claims Management, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Glatfelter Claims Management, 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," or "Certificate of Good Standing" 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:

Michael E. Conway

Name of Person

Glatfelter Claims Management, Inc.

Firm/Company

183 Leader Heights Road, PO Box 2726

Address

York, PA 17405-2726

City/State and Zip code

akraft@glatfelters.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael E. Conway

Name of Person

at (717) 741-0911

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. Glatfelter Claims Management, 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. Pennsylvania

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

3. Glatfelter Claims Management, Inc.

(FEI number, if applicable)

4. 10/01/1998

(Date of incorporation)

5. perpetual

(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. 183 Leader Heights Road, York, PA 17402

(Principal office address)

PO Box 2726, York, PA 17405-2726

(Current mailing address)

8. adjust claims

(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: 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: _____


(Registered agent's signature)

JAMES M. NEWSOME
Special 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Alan W. Butterbaugh

Address: 183 Leader Heights Road

York, PA 17402

Director: Anthony P. Campisi

Address: 183 Leader Heights Road

York, PA 17402

B. OFFICERS

President: Alan W. Butterbaugh

Address: 183 Leader Heights Road

York, PA 17402

Vice President: Anthony P. Campisi

Address: 183 Leader Heights Road

York, PA 17402

Secretary: Ray R. Fidler

Address: 183 Leader Heights Road, York, PA 17402

Treasurer: Thomas Clements

Address: 183 Leader Heights Road, York, PA 17402

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

13.  Michael E. Conway, Asst. Sec.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Michael E. Conway

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

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Glatfelter Claims Management, Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

List of Executive Officers - Con't

<u>Name</u>	<u>Title</u>	<u>Address</u>
Sandra L. King	Vice President	183 Leader Heights Road, York, PA 17402
Carlene A. Marks	Vice President	183 Leader Heights Road, York, PA 17402
Stephen P. McConaghy	Vice President	183 Leader Heights Road, York, PA 17402
Janet L. Surges	Vice President	183 Leader Heights Road, York, PA 17402
Michael E. Conway	Assistant Secretary	183 Leader Heights Road, York, PA 17402

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APRIL 11, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GLATFELTER CLAIMS MANAGEMENT, INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Carol Aichele

Acting Secretary of the Commonwealth

Certification Number: B445985-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>