

F20000002076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

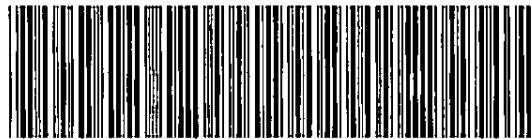
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W200000038199

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SECRETARY OF STATE
FALLHASSEE, FLORIDA
2020 APR 30 PM 3:33

FILED

45 ✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2020

ROBERT STEPHENS
1405 WESLEY DRIVE
SALISBURY, MD 21801

SUBJECT: COLLATERAL RISK NETWORK, INC.
Ref. Number: W20000038199

We have received your document for COLLATERAL RISK NETWORK, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 220A00008067

RECEIVED

APR 30 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLLATERAL RISK NETWORK, 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:

ROBERT STEPHENS

Name of Person

TRS CPA GROUP, PA

Firm/Company

1405 WESLEY DRIVE

Address

SALISBURY, MD 21801

City/State and Zip code

RSTEPHENS@TRSCPA.COM

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

For further information concerning this matter, please call:

Robert Stephens

at (410) 749-1919

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

2020 APR 30 PM 3:50
 TALLAHASSEE, FL
 FILE

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. COLLATERAL RISK NETWORK, 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. MARYLAND 3. 84-3493409
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/28/19 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/20
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9927 STEPHEN DECATUR HWY. STE G-16, OCEAN CITY, MD 21842
(Principal office street address)
(Current mailing address, if different)


FILED
20 APR 30 PM 3:00
TALLAHASSEE FL

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOAN TRICE

Office Address: 500 S WASHINGTON DR, #6A
SARASOTA, Florida 34236
(City) (Zip code)

9. 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.



(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: JOAN TRICE
 Vice Chairman Address: 500 S. Washington
 Director Drive, #6A
 President Sarasota, FL 34236
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Alan Hummel
 Vice Chairman Address: 222 East Little
 Director Canada Road, Suite 175
 President St. Paul, MN 55117
 Vice President _____
 Secretary Treasurer
 Other Chief Appraiser Other _____
First American Mortgage Solutions

Chairman Name: John Bredemeyer
 Vice Chairman Address: 268 North 115th St.
 Director Omaha, NE 68154
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____
Realcorp, Inc.

Chairman Name: Katherine Owen
 Vice Chairman Address: 26320 Oakflat Drive
 Director Tehachapi, CA 93561
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other Chief Appraiser
Bank of Delmarva

Chairman Name: Brad Davis
 Vice Chairman Address: 4406 Wellington
 Director Shores Drive
 President Wellington, FL 33449
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____
Morgan Stanley

Chairman Name: Cristy Conolly
 Vice Chairman Address: 250 Pine Ave
 Director North., Suite A
 President Oldsmar, FL 34677
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. JOAN N TRICE CEO
 (Typed or printed name and capacity of person signing application)

A. DIRECTORS

Chairman Name: JOAN TRICE
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Michael Moran
 Vice Chairman Address: 13500 Guildhall
 Director Circle
 President Orlando, FL 32828
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Scott Rose
 Vice Chairman Address: 2600 Bellingham
 Director Drive, #100
 President Troy, MI 48083
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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13. JOAN N TRICE CEO
 (Typed or printed name and capacity of person signing application)

2020 APR 30 PM 3:00
 TALLAHASSEE, FL
 SECRETARY OF STATE
 FILER

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT COLLATERAL RISK NETWORK, INC. (D20033908), INCORPORATED OCTOBER 23, 2019, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 06, 2020.

2020 APR 30 PM 3:30
FILED
STATE DEPARTMENT OF ASSESSMENTS AND TAXATION



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 T1/Voice

Online Certificate Authentication Code: jTiQ0JNOY0SkNKW6gcoelA
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>