

E09000000027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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2009 OCT -8 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 9 2009

COVER LETTER

TO: Filing Section
Division of Corporations

SUBJECT: The Rigg Darlington Group, Inc.
(Name of Foreign Corporation)

Dear Sir or Madam:

The enclosed Foreign Name Registration Renewal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert E. Rigg
(Name of Person)

The Rigg Darlington Group, Inc.
(Firm/Company)

14 E. Welsh Pool Road
(Address)

Exton, PA 19341
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Rigg at (484) 876-2222
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

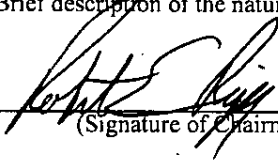
☒ \$87.50 Filing Fee

☐ \$96.25 Filing Fee & Certified Copy

RENEWAL APPLICATION FOR A FOREIGN NAME REGISTRATION FOR FOREIGN PROFIT CORPORATION

IN COMPLIANCE WITH SECTION 607.0403, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO RENEW A FOREIGN NAME REGISTRATION:

FILED
2009 OCT -8 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The Rigg Darlington Group, Inc.
(Corporate name as listed in number 1 of initial registration)
2. Pennsylvania
(State or country under the laws of which it is incorporated)
3. E09000000027
(Document number assigned by Florida Department of State)
4. 06/24/1974
(Date of incorporation)
5. 23-1932534
(Federal Employer Identification number, if applicable)
6. 14 E. Welsh Pool Road
Exton, PA 19341
(Current mailing address)
7. Selling of insurance.
(Brief description of the nature of the business in which it is engaged)
8. 
(Signature of Chairman, Vice Chairman, or officer)
9. Robert E. Rigg, CIC, CPCU, CLU
(Typed or printed name and capacity of person signing application)