ACCOUNT NO.

072100000032

REFERENCE

534892

5024449

AUTHORIZATION

COST LIMIT

: \$ 78.75

ORDER DATE: December 30, 1999

ORDER TIME: 1:33 PM

ORDER NO. : 534892-010

900003086239

CUSTOMER NO:

5024449

CUSTOMER: Ms. Jeannine M. Cozzati

Lehman Brothers

3 World Financial Center 200 Vesey Street, 24th Fl

New York, NY 10285

#### FOREIGN FILINGS

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

PAMI-I	EMB III Inc.	SACT BUSINESS IN THE STATE OF FLORIDA.
ACIDA OF MODIC	oration; must include the word "INCORP viations of like import in language as will or partnership if not so contained in the n	ORATED", "COMPANY", "CORPORATION" or I clearly indicate that it is a corporation instead of a ame at present.)
Delawa	re	d) (FEI number, if applicable)
(State or country	under the law of which it is incorporate	d) (FEI number, if applicable)
Novemb	per 22, 1999 5 5	Perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Dai	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
	egistration	
(Date first	transacted business in Florida.) (SEE SE	ECTIONS 607.1501, 607.1502 and 817.155, F.S.)
·c/o Le	hman Brothers Inc.	
3 World	d Financial Center, 24th 1	Floor, New York, NY 10285
	(Current mailing	address)
All la	wful activity	
Purnoen	s) of corneration outlinesses in the	e or country to be carried out in state of Florida)
/s art-one/	s, or corporation additionzed in home state	e of country to be carried out in state of Florida)
Name and str	eet address of Florida registered ag	gent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	Corporation Service Comp	
ffice Address:	1201 Hays Street	
1110011110101111		
	Tallahassee	, Florida, (Zip code)
		(Zip code)
. Registered a	gent's acceptance:	
aving been named is application, I h th the provisions	d as registered agent and to accept servi tereby accept the appointment as registe	ce of process for the above stated corporation at the place designated red agent and agree to act in this capacity. I further agree to comply complete performance of my duties, and I am familiar with and acce
	Vicki Schreib	en asat. V.P
	(Registered age	nt's vignalure)

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

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

ddress:    Comparison		only - P.O. Box NOT acceptable) SEE ATTACHED SCHEDULE	
Itee Chairman:  ddress:  irrector:  ddress:  OFFICERS (Street address only - P.O. Box NOT acceptable) SEE ATTACHED SCHEDULE esident:  ddress:  ce President:  dress:  cretary:  dress:  dress:  DTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	Address:		<del>5</del>
ice Chairman:    Office   Chairman:   Office   Office   Chairman:   Office   Office   Chairman:   Office   Chairman:   Office   Chairma			- 10g 70g
divess:    Comparison   Compari	ice Chairman:		<u>;</u>
irector:  Miress:  OFFICERS (Street address only - P.O. Box NOT acceptable) SEE ATTACHED SCHEDULE sident: dress:  the President: dress:  TE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
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Indicess:  OFFICERS (Street address only - P.O. Box NOT acceptable) SEE ATTACHED SCHEDULE sident: dress;  the President: dress:  retary: press:  TE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
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	dress:  dress:  dress:  dress:  dress:  dress:  dress:  dress:  dress:	an addendum to the application listing additional officers and/or directors.	

# ATTACHMENT TO APPLICATION BY FOREIGN CORPORATION FOR

## **AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

## PAMI-LEMB III INC.

### 12. A. Names and addresses of Directors:

**NAME** 

**ADDRESS** 

Yon K. Cho

c/o Lehman Brothers Inc. 3 World Financial Center New York, New York 10285

Jay Flannery

c/o Lehman Brothers Inc. 3 World Financial Center New York, New York 10285

#### 12. B. Names and addresses of Officers:

NAME	OFFICE	ADDRESS

Yon K. Cho
President
The address of each of its
officers is:
c/o Lehman Brothers Inc.

Barry J. O'Brien Vice President 3 World Financial Center New York, New York

Edward Grieb Vice President 10285

Oliver Budde Vice President

Leonard Lauricella Vice President

Anthony Taranto Vice President

David Goldfarb Vice President

Karen C. Manson Vice President

Jennifer Marre Secretary and Vice President

Eileen Bannon Assistant Secretary

Madeline L. Shapiro Assistant Secretary

Jeannine Cozzati Assistant Secretary

Daniel O. Minerva Treasurer

Kathryn Bopp-Flynn Assistant Treasurer

Robert Murach Assistant Treasurer

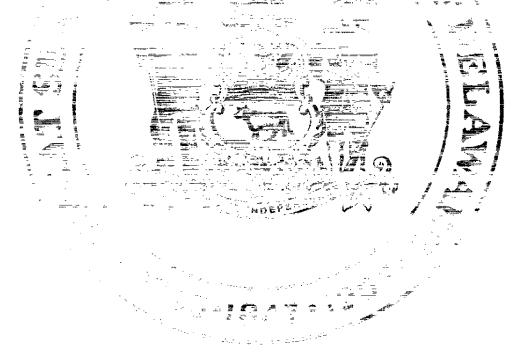
# TRANSMITTAL LETTER

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То:			c Lien Section		The second second	
	Division	n of Corp	orations		<b>ن</b> الله الله الله الله الله الله الله الل	
SUBJ	ECT:	PAMI-L	EMB III Inc.			
			(Name of corpora	ation - must include suffix)	نې	
Dear :	Sir or Mac	iam:			O JAN 25 16	
"Certi	nclosed "/ ificate of I nsact busin	Existence	", and check are submitted i	for Authorization to Transac to register the above referen	n Business in Florida", ced foreign corporation	
Please	e return al	l correspo	ondence concerning this ma	tter to the following:		
			(Name	e of Person)		<del>1</del> 5-
			(Firm/	(Company)		
			(A	.ddress)	<del></del>	÷
			(City	/State/Zip)		चार
Shou	ild you nee	ed to call	someone concerning this m	atter, please call:		
				,		
	(Name	e of Perso	on) at (	) rea Code & Daytime Teleph	one Number)	
2010				NA TETRICE A YMYNYDDO	ro.	
STR	EET ADI	DRESS:		MAILING ADDRES	8:	
Qualification/Tax Lien Section		Qualification/Tax Lie				
Division of Corporations 409 E. Gaines St.		Division of Corporations				
	E. Gaines ahassee, F.			P.O. Box 6327 Tallahassee, FL 3231	4	
			the following amount:			
□ \$	70.00 Fili	ng Fcc	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fec & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

# State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAMI-LEMB III 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 DECEMBER, A.D. 1999.

AND L'DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE NOT BEEN ASSESSED TO DATE.





Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

0166951

991563857

8300

3130151

DATE:

12-28-99