

Document Number Only

# F00000002090

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
850-222-1092

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-04/14/00--01035--029  
\*\*\*\*\*96.25 \*\*\*\*\*96.25

Corporation(s) Name

Coleman Asset Diversification, Inc

☒ Profit ☐ Amendment ☐ Merger  
☐ Nonprofit

☒ Foreign ☐ Dissolution ☐ Mark  
☐ LLC ☐ Withdrawal

☐ Limited Partnership ☐ Annual Report ☐ Other  
☐ Reinstatement ☐ Reservation ☐ Ch. RA  
☐ Fictitious Name ☐ UCC

☒ Certified Copy (2) ☐ Photocopies ☒ CUS

☐ Parts/amends/mergers ☐ Other-See Above

☒ (XXX) Walk in ☒ (XXX) Pick-up ☐ ( ) Will Wait

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Jeffrey Butterfield

Thank You!

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BR 4/14/00

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
00 APR 14 PM 2:31

**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.

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1. Coleman Asset Diversification, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. applied for  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April, 2000 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon filing  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2381 Executive Center Drive, Boca Raton, Florida 33437  
(Current mailing address)

8. to purchase or otherwise acquire from time to time certain accounts receivable from parent corporation  
(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 or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(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

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

Connie Bryan

(Registered agent's signature)

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.

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

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)** See Attachment

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)** See Attachment

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

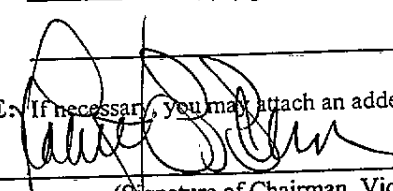
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13.  \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert S. Schur, Vice President and Treasurer  
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**DIRECTORS:**

Bernard J. Angelo  
114 West 47<sup>th</sup> Street  
Suite 1715  
New York, NY 10036

David O. Taylor  
114 West 47<sup>th</sup> Street  
Suite 1715  
New York, NY 10036

Ronald R. Richter  
2381 Executive Center Drive  
Boca Raton, FL 33437

Robert P. Totte  
2381 Executive Center Drive  
Boca Raton, FL 33437

Robert S. Schur  
2381 Executive Center Drive  
Boca Raton, FL 33437

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**OFFICERS:**

**President**

Ronald R. Richter  
2381 Executive Center Drive  
Boca Raton, FL 33437

**Senior Vice President and General Counsel**

Steven R. Isko  
2381 Executive Center Drive  
Boca Raton, FL 33437

**Vice President**

Robert P. Totte  
2381 Executive Center Drive  
Boca Raton, FL 33437

**Vice President and Treasurer**

Robert S. Schur  
2381 Executive Center Drive  
Boca Raton, FL 33437

**Vice President and Assistant Secretary**

Barry A. Crozier  
200 West Ninth Street Plaza  
Suite 102  
Wilmington, DE 19801

**Secretary**

Barbara L. Allen  
2111 E. 37th Street North  
Wichita, KS 67219

**Assistant Secretary**

Kimberly H. Vallin  
2381 Executive Center Drive  
Boca Raton, FL 33437

Office of the Secretary of State


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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLEMAN ASSET DIVERSIFICATION 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 THIRTEENTH DAY OF APRIL, A.D. 2000.

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
APR 14 PM 2:31



  
Edward J. Freel, Secretary of State

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AUTHENTICATION:

0378327

DATE:

04-13-00