F00000004657

OO AUG	
\sim	2
	PH 4: 52

		•		
C T CORPORATION SYSTEM			5000033 -08/16/1 ******7(
660 East Jefferson Street	<u> </u>		debiter. e. i.e.	_
Address Tallahassee, FL 32301 (2) City State Zip CORPORATION	850)222-1092 Phone N(S) NAME		5000033 -08/16// ******	1593851 1001046008 3.75 ******8.75
	··		•	
The Allied	1 6 roup 1	ncDEL		
		21		00 00
(V Profit () NonProfit	() Amend	merit	() Merger	RECEIVED OO NIG 16 AH 1: 4 DIVISION OF CORPOLATI
() Limited Liability Company W Foreign	() Dissolu	tion/Withdrawal	() Mark	IV AH
(Vulletication	() Annual	Penort	() Other	新元 当
() Limited Partnership	() Reserv	ration	() Change q	∯R. &
() Reinstatement () Limited Liability Partne	ership		() Fictition () GUS	us Name
M Certified Copy	() Photo	Copies	() 608	
	/\ Call if	Problem	() After 4:30	0 5
() Call When Ready	() Will W		(j) Pick Up	Pilling OO AUG
() Walk In () Mail Out	``			
				6 7
Name Avallability	Q/11	PLEASE	RETURN EXTRA (FILE STAMPED	COPY(S) STATE
Document	0/10		THANKS	#: S
Examiner	•		LAURA EARNES	
Updater	·			5
Verifier	-			
Acknowledgment			1	S. A. 1.
				7/-0///6/0

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ALIMON	BUSINESS IN FLORIDA BUSINESS IN FLORIDA BUSINESS IN FLORIDA BUSINESS IN FLORIDA	
N COMPLIANCE REGISTER A FOI	E WITH SECTION 607.1503, FLORIDA SIAI OTES, THE FOLLOWING IS SUBMITTED TO	5 1000
The Allie	ed Group Inc DEL	
words or abbrevi	ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or iations of like import in language as will clearly indicate that it is a corporation instead of a repartnership if not so contained in the name at present.)	PM 4: 52
2. <u>Delaware</u>	· · · · · · · · · · · · · · · · · · ·	. _
(State or country	Bittlet the taw of which it is most potatos,	
**,	7 29, 2000 5. Perpetual	•
(Date	e of incorporation) (Duration: Year corp. will cease to existor "perpetual")	
6. Fel (Date first	b. 29, 2000 transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	-
, 628 Hebr	ron Avenue, Building Two	_
/ Claston	oury, CT 06033	
Glascon	(Current mailing address)	•
(Purpose)	tion shall be to engage in any lawful act, business or activity for (s) of corporation authorized in home state or country to be carried out in state of Florida) tion may be organized under the DGCL. reet 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)	
~	agent's acceptance:	•
this application, I with the provision the obligations of	ned as registered agent and to accept service of process for the above stated corporation at the place design of the appointment as registered agent and agree to act in this capacity. I further agree to as of all statutes relative to the proper and complete performance of my dutles, and I am familiar with a finy position as registered agent. CT Corporation System AMY BERTELE SPECIAL ASSISTANT STATES	nd accept ETTI SECRETARY
11. Attached is a Department of St which it is incorp	ncertificate of existence duly authenticated, not more than 90 days prior to delivery of this application to th ate, by the Secretary of State or other official having custody of corporate records in the jurisdiction under porated.	the law of

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FLD19-9/299 CTSystom Cniline

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) - SEE ATTACHED SCHEDULE A
Chairman:
Address:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
**
B. OFFICERS (Street address only - P.O. Box NOT acceptable) - SEE ATTACHED SCHEDULE A
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)
Irvin J. Miglietta, President
(Typed or printed name and connects of names signing and lighting)

The Allied Group Inc.-DEL

SCHEDULE A

OFFICERS

Name	<u>Title</u>	Residence Address	Business Address
Irvin J. Miglietta	President	316 Stanley Drive Glastonbury, CT 06033	628 Hebron Avenue Building Two Glastonbury,CT 06033
Joseph E. Page	Executive Vice President	18130 Turnberry Drive Round Hill, VA 20141	1890 Preston White Drive Suite 100 Reston, VA 20191
Thomas J. Colleary	Vice President	201 Fairway Crossing Glastonbury, CT 06033	628 Hebron Avenue Building Two Glastonbury, CT 06033
Thomas W. Moore	Treasurer	64 Country Lane Hebron, CT 06248	628 Hebron Avenue Building Two Glastonbury, CT 06033
Fiona P. Watts	Secretary	152 West Road Marlborough, CT 06447	628 Hebron Avenue Building Two Glastonbury, CT 06033

DIRECTORS

Name	Residence Address	Business Address
Irvin J. Miglietta	316 Stanley Drive Glastonbury, CT 06033	628 Hebron Avenue Building Two Glastonbury, CT 06033
Calvin E. Cordulack	31 Ralsey Road South Stamford, CT 06902	31 Ralsey Road South Stamford, CT 06902
Michael J. McLister	1180 Hawling Place Leesburg, VA 20175	1180 Hawling Place Leesburg, VA 20175
Frank Doyle	47 Applewood Lane Avon, CT 06001	47 Applewood Lane Avon, CT 06001

State of Delaware Office of the Secretary of State

DOAUG 16 PH W. 5

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THE ALLIED GROUP INC. - DEL" 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 ELEVENTH DAY OF
AUGUST, A.D. 2000.

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

Edward J. Freel, Secretary of State

AUTHENTICATION:

0614063

DATE:

08-11-00

3180493 8300

001406538