

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Highlands Services	Corporation	
(Name of corp	poration - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation" (Certificate of Existence", and check are submitted to transact business in Florida.		
Please return all correspondence concerning this	matter to the following:	
Stephen L. Kibblehouse		<u> </u>
(Na	me of Person)	
Highlands Services Corpor		
(Fir	m/Company)	-02/13/0101015003 ******78.75 *****78.75
· · · · · · · · · · · · · · · · · · ·	(Address)	
Lawrenceville, NJ 08648	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	State and Zip code)	*** U.
(Cxy/)	ente una 21p codo)	
For further information concerning this matter, pl	lease call:	
Alexandra Rio at (609 895-3047	
(Name of Person)	Area Code & Daytime Telephone Nu	ımber)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: \$\Pi\$ \$70.00 Filing Fee \$\Pi\$ \$78.75 Filing Fee & Certificate of Status	Certified Copy	SECRETARY OF STATE D 87.50 Filing Fee, Certificate of Status & Certified Copy 2/14
	(Certified Copy 2/14

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.

_	or partnership if not so contained in the n	ame at prese		
2	Delaware ry under the law of which it is incorporat	3	52-2182926	
(State or count	ry under the law of which it is incorporat		(FEI number, if a	
4	7/1/1999	5	perpetual ration: Year corp. will ceas	
(Dat	e of incorporation)	ונים)	ration: Year corp. will ceas	e to exist or "perpetual")
6	upon qualification			
(Date first trans:	acted business in Florida. If corporation (SEE SECTIONS 6	has not trans 07.1501, 60	acted business in Florida, in 7.1502 and 817.155, F.S.)	sert "upon qualificat ion.")
7	1000 Lenox Drive, Lawr			
	(Principal of	fice address)		
	same as above			
	(Current mailin	g address)		
8	to provide insurance r	elated s	ervices	<u> </u>
(Purpose	(s) of corporation authorized in home sta	te or country	to be carried out in state of	Florida) 🚍 📉
9. Name and st	reet address of Florida registered	agent: (P.	O. Box or Mail Drop Box	(NOT acceptable)
		•		
Name:	CT Corporation System		······································	
Office Address:	1200 South Pine Island	Road		
			Ti:1- 22224	
	Plantation (City)		_ , Florida <u>33324</u> (Zip code)	
	(City)		(21) 3333,	
10. Registered	agent's acceptance:			
Having been na	med as registered agent and to acce is application, I hereby accept the o	ept service	of process for the above .	stated corporation at the place
designatea in in Gerther agree to	is application, I nereby accept the comply with the provisions of all si	ippouiimer tatutes rela	n as registered agent and tive to the proper and co	mplete performance of my
duties, and I am	familiar with and accept the oblig	ations of m	y position as registered t	agent.
•			ANN J. WILLIAM	2
	Q1450 1000 000		Assistant Vice President	dent

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

Chairman:		
Address:		
<u></u>		
Vice Chairman:		
Address:		
Director:	John W. Cowley	
Address:	1000 Lenox Drive	
	Lawrenceville, NJ 08648	
Director:	Stephen L. Kibblehouse	·····
Address:	1000 Lenox Drive	
B. OFFICERS		SE SE
President:	John W. Cowley	
Address:	1000 Lenox Drive	हिंह से ग
	Lawrenceville, NJ 08648	第627 日
Vice President:		F SI
	•	
Secretary:	nd Stephen L. Kibblehouse	
Address:	1000 Lenox Drive, Lawrenceville, NJ 08648	
Treasurer:	Stephen L. Kibblehouse	
Address:	1000 Lenox Drive, Lawrenceville, NJ 08648	
NOTE: If neces	ssary, you may attach an addendum to the application listing add	itional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in a	

State of Delaware

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Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIGHLANDS SERVICES CORPORATION" 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-FOURTH DAY OF JANUARY, A.D. 2001.

AND-I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

OO FEB 12 PH ID: 18
SECRETARY OF STATE



Warriet Smith Windson, Secretary of State

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AUTHENTICATION: 0933541

DATE: 01-24-01