

F01000006389

ACCOUNT NO.

072100000032

REFERENCE :

367086

4304512

AUTHORIZATION

ORDER DATE: December 13, 2001

ORDER TIME :

4:05 PM

ORDER NO. : 367086-005

CUSTOMER NO:

4304512

CUSTOMER: Ms. Gina Parra

Sidley, Austin, Brown & Wood

Bank One Plaza

10 South Dearborn Street

Chicago, IL 60603

FOREIGN FILINGS

NAME:

NORSHIELD ASSET MANAGEMENT

LID.

XXXX QUALIFICATION (TYPE: CO)

800004727278--8

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	OREIGN CORPORATION TO THE ASSET MANAGEMENT Ltd.,]		ES, THE FOLLOWING ESS IN THE STATE OF	
(Name of corpo words or abbrev natural person of	pration; must include the word "INC viations of like import in language a pr partnership if not so contained in	CORPORATED", "Coas will clearly indicate	e that it is a corporation in	TION" ornig assessed of a Tion of the stead o
2. Delaware		3		
`	y under the law of which it is incorp	•	(FEI number, if a	pplicable)
4. November 1	4, 2001	5. Perpe	etual	
(Dat	te of incorporation)	(Durat	tion: Year corp. will cease	e to exist or "perpetual")
6. <u>Upon quali</u>				
		NS 607.1501, 607.15	502 and 817.155, F.S.)	sert "upon qualification.")
7. <u>225 N.B. M</u>	izner Blvd., Suite 300,		L 33432	
005 M H M	•	al office address)	. 22420	
225 N.E. M	izner Blvd., Suite 300,	t mailing address)	L 33432	
(Purpose	Financial Services (s) of corporation authorized in hon reet address of Florida register	ne state or country to		ŕ
Name:	Corporation Service Com	ıpany		
Office Address:	1201 Hays Street			
	Tallahassee		Florida 32301	
	(City)		(Zip code)	
Having been nat designated in thi further agree to duties, and I am	agent's acceptance: med as registered agent and to is application, I hereby accept to comply with the provisions of a familiar with and accept the ol	the appointment as all statutes relative bligations of my po	s registered agent and a to the proper and com	ngree to act in this capacity. plete performance of my
	/ 🗙 // /		do in man.	

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 business addresses of officers and/or directors:	0
A. DIRECTORS	SECON
Chairman:	1000
Address:	SSE - ED
	F ST 8
Vice Chairman:	ORDER 50
Address:	
Director: Nicholas Markos	
Address: 225 N.E. Mizner Blvd., Suite 300	
Boca Raton, FL 33432	
Director:	
Address:	
B. OFFICERS	
President: Nicholas Markos	
Address: 225 N.E. Mizner Blvd., Suite 300	
Boca Raton, FL 33432	
Vice President:	
Address:	
Secretary: Nicholas Markos	
Address: 225 Nxxx N.E. Mizner Blvd., Suite 300, Boca Rator	, FL 33432
Treasurer:	-
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officer	rs and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	the application)
14 Nicholas Markos: President	

(Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORSHIELD ASSET MANAGEMENT LTD." 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 DECEMBER, A.D. 2001.

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

SECRETARY OF STATE



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1502870

DATE: 12-13-01

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