

CT CORPORATION SYSTEM

FOI000006500

CORPORATION(S) NAME

Former Employees Payroll, Inc.

0

FILED
01 DEC 20 PM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☐ Dissolution/Withdrawal

☐ Mark

☒ Foreign

☐ Reinstatement

☐ Other

☐ Limited Partnership

☐ Annual Report

☐ Change of RA

☐ LLC

☐ Name Registration

☐ UCC

☒ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

RECEIVED
01 DEC 20 PM 4:52
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA

BK

Name

12/20/01

Order#: 4968092

Availability

800004735228--3

Document

-12/21/01--01008--003

Examiner

Ref#: *****78.75 *****78.75

Updater

Verifier

W.P. Verifier

Amount: \$

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**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.*

01 DEC 20 AM 9:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Former Employees Payroll, 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

(State or country under the law of which it is incorporated)

3. Applied For

(FEI number, if applicable)

4. 12/04/2001

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qual

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 500 Water Street, Jacksonville, FL 32202

(Principal office address)

same

(Current mailing address)

8. Payroll services to retirees

(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

(City)

, 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

By: [Signature]

PETER F. SOUZA
ASSISTANT SECRETARY

(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

FILED
01 DEC 20
AM 09:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: _____
Address: _____

Vice President: _____
Address: _____

Secretary: Rachel E. Geiersbach
Address: 500 Water Street, Jacksonville, FL c/o CSX Transportation Inc.
Treasurer: _____
Address: _____

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

13. Rachel E. Geiersbach
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rachel E. Geiersbach, Secretary
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE
DELAWARE, DO HEREBY CERTIFY "FORMER EMPLOYEES PAYROLL, 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 SIXTH DAY OF
DECEMBER, A.D. 2001.

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



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3464016 8300

AUTHENTICATION: 1487013

010623818

DATE: 12-06-01

FILED
01 DEC 06 PM 9:40
SECRETARY OF STATE
DELAWARE