

Mike/Chi.

ACCOUNT FILING COVER SHEET
F020000000295

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2032332-3
(Sub Account)

DATE: _____

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: Harris Bancorp Insurance Services Inc.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: _____

C. C. Woodyard
Cynthia J. Woodyard

Qual.

☒ CERTIFIED COPY (1-9)
☐ CERTIFICATE OF STATUS (1-9)
☐ PLAIN STAMPED COPY

(6)

BK

☐ Call When Ready ☐ Call if Problem ☐ After 4:00
☐ Walk In ☐ Will Wait ☐ Pick Up
☐ Mail Out

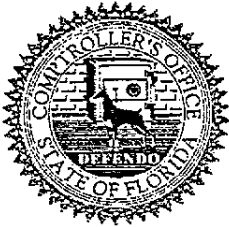
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN 17 PM 4:02

FILED



ROBERT F. MILLIGAN
COMPTROLLER OF FLORIDA

OFFICE OF THE COMPTROLLER

DEPARTMENT OF BANKING AND FINANCE

STATE OF FLORIDA

TALLAHASSEE

32399-0350

December 6, 2001

02 JAN 17 PM 4:02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Christian T. Jones
Law Offices of
Chapman and Cutler
111 West Monroe Street
Chicago, Illinois 60603-4080

Dear Mr. Jones:

Re: "Harris Bancorp Insurance Services, Inc."

Reference is made to your letter/fax dated December 5, requesting approval of the above-referenced corporate name which will be a subsidiary of Bankmont Financial Corp., a bank holding company and an affiliate of Harris Trust/Bank of Montreal, which is located in West Palm Beach, Florida.

Section 655.922, Florida Statutes, exempts a financial institution, holding company or its subsidiaries from the prohibition of using the word "bank," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union" in its corporate name, the Division of Banking will not object to the use of the above corporate name being registered to transact business in the state of Florida.

Sincerely,

Alex Hager
Director

AH:kr

cc: Karon Beyer, Chief, Bureau of Corporate Records
Division of Corporations, Secretary of State's Office

**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*

1. Harris Bancorp Insurance Services, 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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 3, 2001 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon acceptance of filing
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 111 West Monroe Street
Chicago, IL 60603
(Current mailing address)
8. insurance agency
(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: LEXIS Document Services Inc.

Office Address: 3953 W.W. Kelley Road
Tallahassee, Florida, 32311
(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.

x Michael S. Tulono
(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)

Chairman: See Exhibit A attached hereto.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See Exhibit A attached hereto.

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. David V. Sweigart, President

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

EXHIBIT A
TO
APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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TALLAHASSEE, FLORIDA

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
David V. Sweigart	President and Director	111 West Monroe Street Chicago, Illinois 60603
Linda L. Ochwat	Secretary	111 West Monroe Street Chicago, Illinois 60603
Beverly A. Blucher	Director	111 West Monroe Street Chicago, Illinois 60603
William E. Thonn	Director	111 West Monroe Street Chicago, Illinois 60603
Dan Donley	Director	111 West Monroe Street Chicago, Illinois 60603
Mark D. Trembacki	Director	111 West Monroe Street Chicago, Illinois 60603

Delaware

PAGE 1

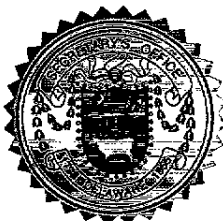
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARRIS BANCORP INSURANCE SERVICES, 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 SIXTEENTH DAY OF JANUARY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARRIS BANCORP INSURANCE SERVICES, INC." WAS INCORPORATED ON THE THIRD DAY OF DECEMBER, A.D. 2001.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1562455

DATE: 01-16-02