

FO200000907

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STERLING E LOCKE, INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL DEL SORDO
(Name of Person)
STERLING E LOCKE, INC
(Firm/Company)
500 NORTH YORK ROAD
(Address)
WILLOW GROVE PA 19090
(City/State and Zip code)

For further information concerning this matter, please call:

MICHAEL DEL SORDO at (610) 872-7158
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. STERLING E LOCKE 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. 23-3099306
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/7/01 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(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 NORTH YORK ROAD WILLOW GROVE PA 19090
(Principal office address)
500 NORTH YORK ROAD WILLOW GROVE PA 19090
(Current mailing address)
8. CONSUMER COLLECTIONS
(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: NRAE SERVICES INC
Office Address: 520 E PARK AVENUE
TALLAHASSEE Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Zulema M. Howarth, Asst Secy
(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: WILLIAM GRAF

Address: 404 SCOTT LANE
WALLINGFORD PA 19086

Vice Chairman: AUGUSTINE LOMBARDO

Address: 3968 BAINBRIDGE COURT
BENSALEM PA 19020
~~19119~~

Director: STEVEN GWIAZDOWSKI

Address: 3209 MAGEE AVENUE
PHILADELPHIA PA 19149-2616

Director: _____

Address: _____

B. OFFICERS

President: WILLIAM GRAF - CEO

Address: 3968 BAINBRIDGE COURT
BENSALEM PA 19020

Vice President: AUGUSTINE LOMBARDO

Address: 404 SCOTT LANE
WALLINGFORD PA 19086

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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. Michael Del Sordo - MICHAEL DEL SORDO - CONTROLLER

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

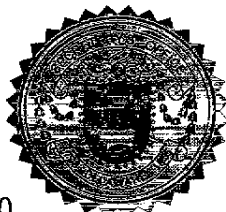
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STERLING & LOCKE 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 SEVENTH DAY OF FEBRUARY, A.D. 2002.

FILED
02 FEB 19 PM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1602202

DATE: 02-07-02