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TRANSMITTAL LETTER

Proceedings Contraction Section Division of Corporations	
SUBJECT: LEBENTHAL ASSET MANAGEMENT, INC.	
(Name of corporation - must include suffix)	
Dear Sir or Madam: 80005597968 ******70.00_ ******70.00	-6
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.	Ю
Please return all correspondence concerning this matter to the following:	
SHARYN BILENKER	
(Name of Person)	
LEBENTHAL ASSET MANAGENENT, INC. (Firm/Company)	
(Firm/Company)	
120 BROADWAY	
(Address)	
NEW YORK, NY 10271 (City/State and Zip code)	ļ ==
For further information concerning this matter, please call:	
SHARYH BILENKER at (212) 482-4963 (Name of Person) at (212) 482-4963 (Area Code & Daytime Telephone Number) ARRY OF ARRY O	÷
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 \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy	

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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. LEBEATHAL ASSET MANAGEMENT, 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. NEW YORK (State or country under the law of which it is incorporated) 3. 13-3752240 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JANUARY 24, 1994 (Date of incorporation) 5. PEAFETUAL (Duration: Year corp. will cease to exist or "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.)
7.120 BROTIDWAY NEW YORK, NY 10271 (Principal office address)
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120 BROADWAY NEW YORK, NY 10271
(Current mailing address)
8. INVESTMENT MANAGEMENT
(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)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Office Address: 1201 HAYS STACET = 55 00
TALLAHASSEE , Florida 32301 ST SS
(City) (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.

Camela LSimpson, authorized depresents have (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: Alexandra Leberthal Address: 120 Broad Way New York, NY 10271 Vice Chairman: Address: ___ Address: __ **B. OFFICERS** President: Gregory W. Serbe. Address: 120 Brothway New York, MY 10271 Vice President: Address: ___ Secretary: Paula Tobin New York, NY 10271 Treasurer: James McGrack New York, NY 10271 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of LEBENTHAL ASSET MANAGEMENT, INC. was filed on 01/21/1994, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of May two thousand and two.

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SECRETARY OF STATE
TALLAHASSEE F. STATE