

FO20000003470

TO: Registration Section
Division of Corporations

SUBJECT: ZODIAC ADVISORS, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

7/5 FOR CORP. CUS

MJH

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:

PAUL GLUCHANICZ

(Name of Person)

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-07/08/02--01011--003
*****78.75 *****78.75

ZODIAC ADVISORS, INC.

(Firm/Company)

900 EAST EIGHTH AVENUE SUITE 300

(Address)

KING OF PRUSSIA, PA 19406-1339

(City/State and Zip code)

For further information concerning this matter, please call:

PAUL GLUCHANICZ

(Name of Person)

at

610-964-2887

(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

FILED
02 JUL -5 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

**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. ZODIAC ADVISORS, 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. PA
(State or country under the law of which it is incorporated)
3. 23-3090196
(FEI number, if applicable)
4. 7/17/01
(Date of incorporation)
5. PERPETUAL
(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. 900 EAST EIGHTH AVENUE SUITE 300 KING OF PRUSSIA, PA 19406-1339
(Principal office address)

900 EAST EIGHTH AVENUE SUITE 300 KING OF PRUSSIA, PA 19406-1339
(Current mailing address)
8. DIRECT MARKETING
(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: CSC
Office Address: 1201 HAYS STREET
TALLAHASSEE, Florida 32301
(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.

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

(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.

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02 JUL -5 AM 8:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PAUL GLUCHANICZ

Address: 900 EAST EIGHTH AVENUE, SUITE 300

KING OF PRUSSIA, PA 19406-1339

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.  President

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PAUL GLUCHANICZ, PRESIDENT

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

C O M M O N W E A L T H O F P E N N S Y L V A N I A

D E P A R T M E N T O F S T A T E

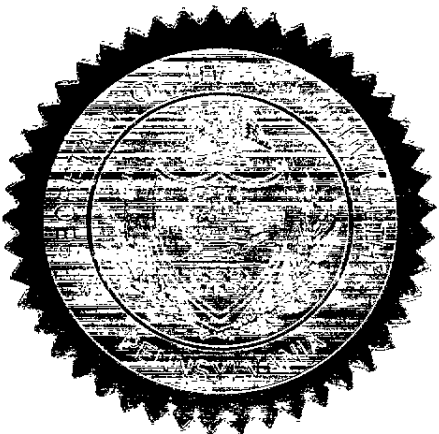
JUNE 03, 2002

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ZODIAC ADVISORS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

C. Michael Stewart

ACTING

Secretary of the Commonwealth

TCHI