

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

File 1st

F02000003656

CONTACT:

Pam

DATE:

7-17-02

REF. #:

0428. 7863

CORP. NAME:

SNB ANNUITY BROKERAGE INC

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

02 JUL 17 PM 2:16

FILED

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: | | |

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RECEIVED

STATE FEES PREPAID WITH CHECK # 502729 FOR \$ 70.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

500006468075---9
-07/17/02--01039--016
*****70.00 *****70.00

COST LIMIT: \$

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**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. SNB ANNUITY BROKERAGE, 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 3. 13-3768259
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/10/94 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. 825 THIRD AVENUE, NEW YORK, NY 10022
(Principal office address)
- Same as above
(Current mailing address)

8. Financial marketing of life insurance, securities and annuities through banks.

(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: National Corporate Research, Ltd., Inc.

Office Address: 1406 Hays Street, Suite #2

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.



(Registered agent's signature)

Colleen J. DeVries, Assistant Secretary

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: KEVIN E. CROWE

Address: 825 THIRD AVENUE
NEW YORK, NY 10022

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: FREDERICK S. NICHOLAS III

Address: 825 THIRD AVENUE
NEW YORK, NY 10022

Vice President: TIMOTHY STODDART

Address: 825 THIRD AVENUE
NEW YORK, NY 10022

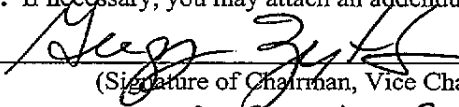
Secretary: GREGORY G. ZYTKOWICZ

Address: 825 THIRD AVENUE
NEW YORK, NY 10022

Treasurer: ELLA SANKISOV

Address: 215 GATEWAY ROAD WEST
NAPA, CA 94558

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. GREGORY G. ZYTKOWICZ, VP, SECRETARY
(Typed or printed name and capacity of person signing application)

FILED
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DEVELOPMENTAL STATE
PALM BEACH, FLORIDA

**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of SNB ANNUITY BROKERAGE, INC. was filed on 03/10/1994, under the name of PARKWAY AGENCY, INC., 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.

A Certificate of Amendment PARKWAY AGENCY, INC., changing its name to SNB ANNUITY AGENCY, INC., was filed 04/25/1994.

A Certificate of Amendment SNB ANNUITY AGENCY, INC., changing its name to SNB ANNUITY BROKERAGE, INC., was filed 05/10/1994.

FILED
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DEPARTMENT OF STATE
ALBANY, NEW YORK



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 01st day of July
two thousand and two.*

Special Deputy Secretary of State