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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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.

	Composition	
(Name of corporati	Access Service Corporation tion; must include the word "INCOR tions of like import in language as w partnership if not so contained in the	RPORATED", "COMPANY", "CORPORATION" or will clearly indicate that it is a corporation instead of a e name at present.)
- Delevere		3. 84-1411715
2. Delaware (State or country	under the law of which it is incorpor	orated) (FEI number, if applicable)
4. <u>03/12/1997</u>	of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
·	,	
(Date first transac	I becomes in Florida. If corporation	tion has not transacted business in Florida, insert "upon qualification.") S 607.1501, 607.1502 and 817.155, F.S.)
7 140 Broadway,	47th Floor, New York, NY 10005	
7. <u></u>	(Principal	l office address)
same		mailing address) ay be organized under the General Corporation Law of the State of
8. <u>Delaware</u> (Purpose(s) of corporation authorized in home	red agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	
	Plantation	, Florida 33324
	(City)	(Zip code)
Having been na designated in th	is application, I never accept the	accept service of process for the above stated corporation at the place the appointment as registered agent and agree to act in this capacity. all statutes relative to the proper and complete performance of my bligations of my position as registered agent.
	G. M. Communition St.	Rystem Robin LaPeters
By:	C T Corporation S	Vice President

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. DIRECT	ORS SEE ATTACHMENT
Chairman:	
Address:	
	n:
Address:	
Address:	
Address: 14	ichael E. Satz (CEO) 10 Broadway, 47th Floor ew York, NY 10005
Address: _	
Secretary:	Kathleen G. Cully
Address: _	40 Broadway, 47th Floor New York, NY 10005
Treasurer:	Edward U. Gilpin
Address: _	40 Broadway, 47th Floor New York, NY 10005
	f 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.	Socratary & Coneral Counsel
14	(Typed or printed name and capacity of person signing application)

Attachment to Florida

Officers & Directors

1. Full Name:
Officer/Director:

Business Address:

City: State: ZIP Code:

2. Full Name: Officer/Director:

Business Address:

City: State: ZIP Code:

3. Full Name:

Officer/Director:
Business Address:

City: State: ZIP Code:

4. Full Name:

Officer/Director:

Business Address:

City: State: ZIP Code:

5. Full Name:

Officer/Director:

Business Address:

City: State: ZIP Code:

6. Full Name:

Officer/Director:
Business Address:

City: State: ZIP Code:

7. Full Name:

Officer/Director: Business Address:

City: State:

ZIP Code:

Michael E. Satz

Officer, Director

140 Broadway, 47th Floor New York

New Y NY 10005

Kathleen G. Cully

Officer

140 Broadway, 47th Floor

New York NY 10005

Edward U. Gilpin

Officer

140 Broadway, 47th Floor

New York NY 10005

Richard J. Hoffman

Officer

140 Broadway, 47th Floor

New York NY 10005

Maryam Muessel

Officer

140 Broadway, 47th Floor

New York NY 10005

William T. Tomljanovic

Officer

140 Broadway, 47th Floor

New York NY 10005

David Webb

Officer

140 Broadway, 47th Floor

New York NY 10005

Page 2 of 3

8. Full Name: Officer/Director:

Business Address:

City: State: ZIP Code:

9. Full Name:

Officer/Director: Business Address:

City: State: ZIP Code:

10. Full Name:

Officer/Director:
Business Address:

City: State: ZIP Code:

11. Full Name:

Officer/Director:
Business Address:

City: State: ZIP Code:

12. Full Name:

Officer/Director: Business Address:

City: State: ZIP Code:

13. Full Name:

Officer/Director: Business Address:

City: State: ZIP Code:

14. Full Name:

Officer/Director:

Business Address:

City: State: ZIP Code:

15. Full Name:

Bradley E. Cooper

Director

140 Broadway, 47th Floor

New York NY

10005

Stephen Gruber

Director

140 Broadway, 47th Floor

New York NY

10005

Zahid Hussain

Director

140 Broadway, 47th Floor

New York NY

NY 10005

Curtis Jensen

Director

140 Broadway, 47th Floor

New York NY 10005

Demos Kouvaris

Director

140 Broadway, 47th Floor

New York NY

10005

Douglas H. Martin

Director

140 Broadway, 47th Floor

New York NY 10005

Robert Spass

Director

140 Broadway, 47th Floor

New York

NY 10005

Warren A. Stephens

Officer/Director:
Business Address:

City: State: ZIP Code: Director 140 Broadway, 47th Floor New York NY 10005

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN CAPITAL ACCESS SERVICE CORPORATION" 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Darriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2004978

DATE: 09-26-02

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