

SNL DISTRIBUTION SERVICES CORPORATION	
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BIRMINGHAM, ALABAMA 35209	
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SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS

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Office Use Only

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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: SNL Distribution Services Corp	
(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:	
Cinds McRrida	
Cindy McBride (Name of Person)	
SNL Distribution Services Corp (Firm/Company) 344 Goodwin Crest Drive Suite 100 B SEE (Address) Birmingham AL 35209 (City/State and Zip code)	
(Firm/Company)	
244 Goodwin Crest Drive Suite 100 8 35	
(Address)	
Address) (Address) (Address) (City/State and Zip code) For further information concerning this matter, please call:	n
(City/State and Zip code)	
For further information concerning this matter, please call:	7.T.
\$	•
(Name of Person) (Area Code & Daytime Telephone Number)	
(Namé of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
409 E. Gaines St. P.O. Box 6327	
Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status	

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. SNL Distribution Services Corporation		_
(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. A laborno 3. 62-185955 (State or country under the law of which it is incorporated) (FEI number, if applicable)	· · · · · · · · · · · · · · · · · · ·	
4. $(6/29/200)$ 5		
4. (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perp	etual")	
6. <u>10-12-02</u>		
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualifi	cation.	"
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		
7. 244 Goodwin Crest Drive, Suite 100 Birming ham Ac. (Principal office address)	35J	09
(Principal office address)		•
Sant		
(Current mailing address)	2	≥≥
)2 NOV	<u> </u>
8. Contract Carrier CTransportation (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		
(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: DONN M. SINGLETON	의 듯	유무 유의
Name: DONN M. SINGLETON	Ċ	
	O1	3
Office Address: 6490 PARKLANI) DR.		
<u>SARASO 7A</u> , Florida <u>34243</u> (City) (Zip code)		
(City) (Zip code)	•	
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporatio	n at th	e place
designated in this application, I hereby accept the appointment as registered agent and agree to act in t	his cap	pacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performa duties, and I am familiar with and accept the obligations of my position as registered agent.	nce of	my
annes, and a uniformital run una uccepe ine congunities of my position as registered agent.		
$A \cap A$		

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:

Chairman:		
Address:		
Vice Chairman:		
Address:		밀
Discourse	2 101	ASSIGNATION N
Director:	~~~~	- 1
Address:	2	Y OF S
Director:		ATA
Address:		<u> </u>
B. OFFICERS President: Jack Johnson Address: 244 Goodwin Crost Drive Suite 100 Birminsham Ac	- 35.	109
Vice President: S. Claylon Muggridge		
Address: 244 Good Win Crest Drive, Suite 100, 1311 mingham, AL		
Secretary: Cindy McDride		
Address: 244 Goodwin Crest Drive, Suite 100, Birming hum, AC		5
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.	
13. Con McMcLeck (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applica 14. Cindy McAride UP/Sec/treas (Typed or printed name and capacity of person signing application)		

State of Alabama

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that SNL Distribution Services Corporation incorporated in Jefferson County, Birmingham, Alabama on June 29, 2001. I further certify that the records do not disclose that said SNL Distribution Services Corporation has been dissolved.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

October 9, 2002

Date

Jin Bennett

Secretary of State