

F02000005790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

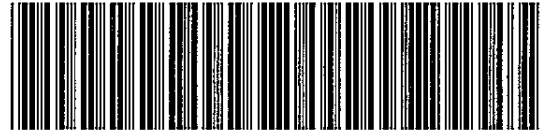
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/20/02  
JST

CT CORPORATION SYSTEM

November 20, 2002

Secretary of State, Florida  
409 East Gaines Street  
N/A  
Tallahassee FL 32399

**FILED**  
02 NOV 20 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5721497 SO  
Customer Reference 1: 2975  
Customer Reference 2: 000

Dear Secretary of State, Florida:

Please file the attached:

Ampro Financial Services, Inc. (DE)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman  
Fulfillment Specialist  
Katrina\_Forsman@cch-lis.com

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.*

1. AmPro Financial Services, 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. Delaware 3. 11-3647666  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/19/2002 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qual  
(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. 1901 West 47th Place, #105, Westwood, KS 66205  
(Principal office address)

same  
(Current mailing address)

Title insurance and title insurance/escrow agency business.

8. \_\_\_\_\_  
(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)

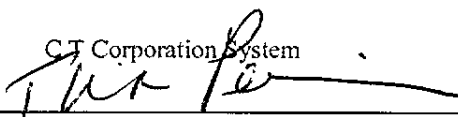
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

By:   
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: SEE ATTACHMENT

Address: \_\_\_\_\_

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

14. Mary Jo Speier, President

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

**ATTACHMENT  
TO  
FLORIDA  
APPLICATION FOR FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSCT BUSINESS IN FLORIDA**

**AMPRO FINANCIAL SERVICES, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b><u>DIRECTORS:</u></b>	<b><u>NAME</u></b>	<b><u>BUSINESS ADDRESS</u></b>
	Steve Landes	1901 West 47 <sup>th</sup> Place, Suite 105 Westwood, KS 66205
	Mary Jo Speier	2070 Chain Bridge Road Suite 510 Vienna, VA 22182
	W. Lance Anderson	1901 West 47 <sup>th</sup> Place, Suite 105 Westwood, KS 66205
	Scott F. Hartman	1901 West 47 <sup>th</sup> Place, Suite 105 Westwood, KS 66205

<b><u>OFFICERS:</u></b>	<b><u>NAME AND TITLE</u></b>	<b><u>BUSINESS ADDRESS</u></b>
	Steve Landes Chairman and Chief Executive Officer	1901 West 47 <sup>th</sup> Place, Suite 105 Westwood, KS 66205
	Mary Jo Speier, President and Chief Operating Officer	2070 Chain Bridge Road Suite 510 Vienna, VA 22182 (Fairfax County)
	Rodney E. Schwatken, Secretary and Treasurer	1901 West 47 <sup>th</sup> Place, Suite 105 Westwood, KS 66205

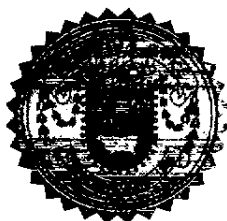
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMPRO FINANCIAL SERVICES, INC." 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



3550015 8300

020705046

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2092040

DATE: 11-15-02