F03000001336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 MAR 18 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTED
AND
FILED

RECEIVED

03 MAR 18 AM 11:32

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

3/18/03

CT CORPORATION

March 18, 2003

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

Re: Order #: 5809074 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Equipment Protection Insurance Center, Inc. (DE)
Qualification
Florida

RECEIVED AND FILED
03 MAR 19 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, 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,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@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. Equipment Protection Insurance Center, 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
(State or country under the law of which it is incorporated)

3. 58-2657065
(FEI number, if applicable)

4. 04/06/2001
(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. 1 CIT Drive, Livingston, NJ 07039
(Principal office address)

same
(Current mailing address)

8. To engage in the sale and service of insurance products.
(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 (City), Florida 33324 (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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.

C T Corporation System
By: Jennifer L. Morgia, Asst. Sec.
(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.

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

A. DIRECTORS

Chairman: *SEE ATTACHMENT*

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: *SEE ATTACHMENT*

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ACCEPTED AND FILED

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. Eric S. Mandelbaum, Secretary
(Typed or printed name and capacity of person signing application)

EQUIPMENT PROTECTION INSURANCE CENTER, INC.
(formerly known as CIT Insurance Services, Inc.)
F.E.I.N. 58-2657065

Officers & Directors

BOARD OF DIRECTORS

Name	Address
Karen Almond	207 Queens Quay West, Suite 700, Toronto, Ontario M5J 1A7, Canada
Robert J. Ingato	1 CIT Drive, Livingston, NJ 07039
Steven J. Salisbury	1 CIT Drive, Livingston, NJ 07039

OFFICERS

Name	Title	Address
Karen Almond	President	207 Queens Quay West, Suite 700, Toronto, Ontario M5J 1A7, Canada
Alan J. Lacko	Sr. Vice President	1 CIT Drive, Livingston, NJ 07039
Anderson P. Lookkin	Vice President	207 Queens Quay West, Suite 700, Toronto, Ontario M5J 1A7, Canada
Kathleen Nassaney	Vice President	1 CIT Drive, Livingston, NJ 07039
Andrew Rickert	Vice President	1 CIT Drive, Livingston, NJ 07039
Steven J. Salisbury	Vice President	1 CIT Drive, Livingston, NJ 07039
Charles Day	Asst. Vice President	1 CIT Drive, Livingston, NJ 07039
Linda Farris	Asst. Vice President	4600 Touchton Rd., Bldg. 100, Ste 300 Jacksonville, Florida 32246
Glenn A. Votek	Treasurer	1 CIT Drive, Livingston, NJ 07039
Eric S. Mandelbaum	Secretary	1 CIT Drive, Livingston, NJ 07039

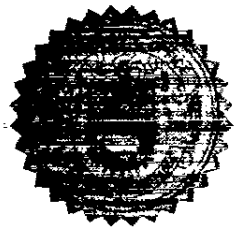
Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EQUIPMENT PROTECTION INSURANCE CENTER, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2003.

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

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



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2260828

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DATE: 02-14-03