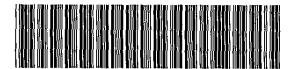
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PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
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Office Use Only



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PM PS 33



REFERENCE :

071441

4311863

AUTHORIZATION

COST LIMIT :

ORDER DATE: April 28, 2003

ORDER TIME : 10:50 AM

ORDER NO. : 071441-025

CUSTOMER NO: 4311863

CUSTOMER: Ms. Kathleen Kirchner

Blank Rome Llp

9th Floor, One Logan Square

18th And Cherry Street

Philadelphia, PA 19103-6998

## FOREIGN FILINGS

NAME:

COMMERCE INSURANCE SERVICES,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1155

EXAMINER:

# 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. Commerce Insurance Services, Inc.			03
(Name of corporation; must include the word "INCORPOR	TAS	ED", "COMPANY", "CORPORATION" ar	6 5
words or abbreviations of like import in language as will cl natural person or partnership if not so contained in the nam			
natural person of partnership it not so contained in the name	ic ai	prosent.)	を行ってと
2. New Jersey	_3.	21-0718159	3
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. 7-23-1959	_ 5.	perpetual	<u> </u>
(Date of incorporation)		(Duration: Year corp. will cease to exist or "	perpetual <sup>3</sup> )
6. Upon Qualification		· · .	
(Date first transacted business in Florida. If corporation has			alification.")
(SEE SECTIONS 607.1	150	1, 607.1502 and 817.155, F.S.)	
7, 1701 Route 70 East, Cherry Hill, NJ 08	303	<b>L</b>	
(Principal office	ado	ress)	
1701 Route 70 East, Cherry Hill, NJ 08	034	<u> </u>	
(Current mailing	gado	ress)	
8. Insurance and financial related service	es_		
(Purpose(s) of corporation authorized in home state of		ountry to be carried out in state of Florida)	
9. Name and street address of Florida registered age	ent:	(P.O. Box or Mail Drop Box NOT accept	able)
Name: <u>Corporation Service Company</u>		<u> </u>	
Office Address: 1201 Hays Street		<del></del> . <u>-</u>	
Office Address. Have believe			
Tallahassee		, Florida <u>32301</u>	·
(City)		(Zip code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept s designated in this application, I hereby accept the appl further agree to comply with the provisions of all statu duties, and I am familiar with and accept the obligatio	oini ites	ment as registered agent and agree to act relative to the proper and complete perfor	in this capacity.
Care A Pari and Carry in Born dul	,		

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.

(Registered agent's signature)

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

• 1

A. DIRECTORS  Chairman: See Attached Exhibit	A		•	-	
	, <u>, , , , , , , , , , , , , , , , , , </u>	<del> </del>	* · : #£		
Address:				.,`	<del></del>
Vice Chairman:			u- , ,	STATE OF	
Address:	<del> </del>		tor. C		
					20
Director:		<del> </del>		700	ক্
Address:		·		ने हिं	ယ္
	······································				
Director:		<u>-</u>		- <u></u>	
Address:	. <u></u>		• • • • •	· · · · · · · · · · · · · · · · · · ·	
		:			
B. OFFICERS					· · · · · · · · · · · · · · · · · · ·
President: See Attached Exhibit	A				
Address:	, .				
	,— :		•		te ms
Vice President:		. च्या			
	·				
Address:			- · · · · · · · · · · · · · · · · · · ·	· ~	
		;		<del></del>	
Secretary:	<del></del>	· · · ·		<del> </del>	
Address:		<del></del>		<del></del>	3
Treasurer:	<del></del>	<del></del>		<del> </del>	150
Address:	<del> </del>	<del></del>		<u> </u>	
NOTE: If necessary, you may attach a					
(Signature of Chairma	n, Vice Chairman, or a	ny officer listed i	n number 12 of	the application)	<del></del>
14 Douglas J. Pauls, Secreta	ary and Treasurer ated name and capacity	of person signing	g application)		

# EXHIBIT A

### COMMERCE INSURANCE SERVICES, INC.

# **OFFICERS**

Name George E. Norcross, III	Title Chairman & CEO	Address 1701 Route 70 East Cherry Hill, NJ 08034-5400
Edward Kiessling	President & COO	1701 Route 70 East Cherry Hill, NJ 08034-34002
John Muscella	Chief Financial Officer	1701 Route 70 East Cherry Hill, NJ 08034-5400
Joseph Buckelew	Vice Chairman	231 Main Street Toms River, NJ 08753
John J. Tarditi, Jr., FLMI, LUTCF	Vice Chairman	1701 Route 70 East Cherry Hill, NJ 08034-5400
Joseph P. Morrisey, Jr., CPCU	Executive Vice President	1701 Route 70 East Cherry Hill, NJ 08034-5400
William Taylor	Senior Vice President	17000 Horizon Way Mt. Laurel, NJ 08054
Joseph Linker	Senior Vice President	1701 Route 70 East Cherry Hill, NJ 08034-5400
Carole A. Mack, CIC, CPIW	Senior Vice President	231 Main Street Toms River, NJ 08753
Robert G. Hackett, Jr. CIC	Senior Vice President	1011 Centre Road Wilmington, DE 19899
Douglas J. Pauls	Treasurer & Secretary	1701 Route 70 East Cherry Hill, NJ 08034-5400

# EXHIBIT A

# COMMERCE INSURANCE SERVICES, INC.

## **DIRECTORS**

Name

George E. Norcross, III

<u>Address</u>

1701 Route 70 East

Cherry Hill, NJ 08034-5400

Vernon W. Hill, II

1701 Route 70 East

Cherry Hill, NJ 08034-5400

C. Edward Jordan, Jr.

1701 Route 70 East

Cherry Hill, New Jersey 08034-5400

Joseph Buckelew

231 Main Street

Toms River, New Jersey 08753

Peter Musumeci, Jr.

1701 Route 70 East

Cherry Hill, New Jersey 08034-5400

**Edward Kiessling** 

1701 Route 70 East

Cherry Hill, New Jersey 08034-5400

Joseph P. Morrisey, Jr.

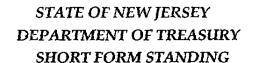
1701 Route 70 East

Cherry Hill, New Jersey 08034-5400

John J. Tarditi, Jr.

1701 Route 70 East

Cherry Hill, New Jersey 08034-5400



### COMMERCE INSURANCE SERVICES, INC.

With the Previous or Alternate Name

MORALES, POTTER & BUCKELEW, INC. (Previous Name)

**BUCKELEW & ASSOCIATES (Alternate Name)** 

THE ARMITAGE AGENCY (Alternate Name)

KEYSTONE NATIONAL COMPANIES (Alternate Name)

THE MORRISSEY AGENCY (Alternate Name)

CHESLEY & CLINE (Alternate Name)

HANDLAN ASSOCIATES (Alternate Name)

MULLANEY INSURANCE ASSOCIATES (Alternate Name)

TRABER AND VREELAND (Alternate Name)

MAYWOOD AGENCY (Alternate Name)

COMMERCE NATIONAL INSURANCE SERVICES (Alternate

Name)

COMMERCE NATIONAL ADMINISTRATOR SERVICES

(Alternate Name)

FITZSIMMONS INSURANCE & FINANCIAL SERVICES

(Alternate Name)

BUSINESS TRAINING SYSTEMS (Alternate Name)

MCMANAMEY, BRETTLER & ASSOCIATES (Alternate Name)

BRETTLER FINANCIAL GROUP BENEFITS (Alternate Name)

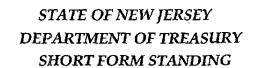
BRETTLER FINANCIAL GROUP (Alternate Name)

ASSOCIATED INSURANCE MANAGEMENT (Alternate Name)

COMMERCE NATIONAL INSURANCE SERVICES, INC.

(Previous Name)

Continued on next page . . .



COMMERCE INSURANCE SERVICES, INC.

COMMERCE INSURANCE AGENCY (Alternate Name)
COMMERCE INSURANCE SERVICES (Alternate Name)
COMMERCE ADMINISTRATOR SERVICES (Alternate Name)

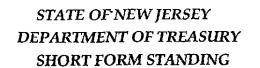
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on July 23, 1959.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

George E Norcross, I I I Commerce Atrium 1701 Route 70 E Cherry Hill, NJ 08034

Continued on next page . . .



COMMERCE INSURANCE SERVICES, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and

affixed my Official Seal at Trenton, this 28th day of April, 2003

John E McCormac, CPA State Treasurer