

# F03000003009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

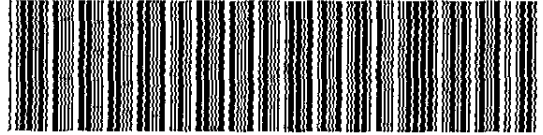
(Business Entity Name)

(Document Number)

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

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RECEIVED  
03 JUN 17 PM 2:12  
TALLAHASSEE, FLORIDA  
STATE  
CORPORATIONS

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03 JUN 17 PM 3:48  
TALLAHASSEE, FLORIDA  
STATE

*np*

CT CORPORATION

June 17, 2003

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

FILED  
JUN 17 PM 3:48  
03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5868221 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Citigroup Risk Brokers Inc. (NY)  
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,

Brigham Weir  
Fulfillment Specialist  
Brigham\_Weir@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. Citigroup Risk Brokers Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" 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. 02-06912

(FEI number, if applicable)

4. 05/21/2003

(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. 390 Greenwich Street, 4th Flr., New York, NY 10013

(Principal office address)

same

(Current mailing address)

8. Reinsurance intermediary

(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/o C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

33324

(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.*

C T Corporation System

Robin LaPeters

Assistant Secretary

By: Robin LaPeters

(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: \_\_\_\_\_

**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. Scott Radke, Vice President

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

**CITIGROUP RISK BROKERS INC.  
OFFICERS/DIRECTORS RIDER**

Officers:

Name: Andrew Feldman Title: Chairman of the Board  
Addr: 390 Greenwich Street, 4<sup>th</sup> Floor, New York, NY 10013

Name: David Govrin Title: Co-President  
Addr: 390 Greenwich Street, 4<sup>th</sup> Floor New York, NY 10013

Name: John Frank Mulholland Title: Co-President  
Addr: 390 Greenwich Street, 4<sup>th</sup> Floor New York, NY 10013

Name: James Conahan Title: Chief Financial Officer  
Addr: 388 Greenwich Street, 9<sup>th</sup> Floor, New York, NY 10013

Name: Elliot Lem Title: Vice President  
Addr: 390 Greenwich Street, 4<sup>th</sup> Floor New York, NY 10013

Name: Scott Radke Title: Vice President  
Addr: 390 Greenwich Street, 4<sup>th</sup> Floor New York, NY 10013

Name: Mark Kleinman Title: Treasurer  
Addr: 388 Greenwich Street, 38<sup>th</sup> Floor, New York, NY 10013

Name: Keith Anzel Title: Deputy Treasurer  
Addr: 388 Greenwich Street, 22<sup>nd</sup> Floor, New York, NY 10013

Name: Peter Patricola Title: Controller  
Addr: 388 Greenwich Street, 9<sup>th</sup> Floor, New York, NY 10013

Name: Andrew W. Alter Title: Secretary  
Addr: 250 West Street, 10<sup>th</sup> Floor, New York, NY 10013

Name: Donald Bendernagel Title: Assistant Secretary  
Addr: 250 West Street, 10<sup>th</sup> Floor, New York, NY 10013

Directors:

Andrew Feldman  
Addr: 390 Greenwich Street, 4<sup>th</sup> Floor, New York, NY 10013

Cliff Verron  
Addr: 388 Greenwich Street, 9<sup>th</sup> Floor, New York, NY 10013

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TALLAHASSEE, FLORIDA

# Delaware

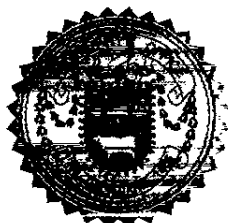
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CITIGROUP RISK BROKERS 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 TWELFTH DAY OF JUNE, A.D. 2003.

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

03 JUN 17 PM 3:48  
FILED  
STATE  
TREASURER, FLORIDA



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3661084 8300

AUTHENTICATION: 2468545

030388337

DATE: 06-12-03