# F03000003119

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)
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ACCOUNT NO. : 072100000032

3372B

COST LIMIT : \$ 70.00

ORDER DATE: June 23, 2003

ORDER TIME: 11:04 AM

ORDER NO. : 143708-005

CUSTOMER NO: 3372B

CUSTOMER: Melanie C. Hansen

Ballard Spahr Andrews &

Suite 2300, 17th Street Plaza

1225 Seventeenth Street

Denver, CO 80202

FOREIGN FILINGS

NAME: NATIONAL HOSPICE SUPPORT

FOUNDATION

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: National Hospice Support Foundation Inc.

(Name of corporation: mist include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) (State or country under the law of which it is incorporated) Duration: Year corp. will cease to exist or "perpetual" Date of Incorporation) Date combration first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.) (Current mailing address) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee Florida 32301 (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. Corporation Service Company (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 addresses of officers and/or directors:

#### A. DIRECTORS

Chairman:	<u> </u>
Address:	700
Vice Chairman:	2
Address:	
Director:	
Address:	taring the second of the secon
Director:	
Address:	
	A CONTRACTOR OF THE CONTRACTOR
B. OFFICERS	
President: ROBERT E. SUTTON	
Address: 6782 S. POTOMAC STREET	
CENTENNIAL, CO 80112	
Vice President:	
Address:	•
Auditess.	
Company	
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. ROBERT E. SUTTON, PRESIDENT	d canacity of person signing application)



### DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

NATIONAL HOSPICE SUPPORT FOUNDATION (Colorado NONPROFIT CORPORATION) File # 20001246420

was filed in this office on December 18, 2000 and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and authorized and competent to transact business or to conduct its affairs within this state.

Dated: June 13, 2003

#### For Validation:

Certificate ID: 676343

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

www.sos.state.co.us/ValidateCertificate

secretary of STATE