F03000005360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crescent Bank & Trust Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert A. Andras, Jr.
(Name of Person)

Crescent Bank & Trust
(Firm/Company)

1450 Poydras St., Suite 1800
(Address)

New Orleans, LA 70112
(City/State and Zip code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Robert A. Andras, Jr. at (504) 525-4381
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

$70.00 Filing Fee

✓ $78.75 Filing Fee & Certificate of Status

$78.75 Filing Fee & Certified Copy

$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Crescent Bank & Trust Company
(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. Louisiana
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. October 9, 1991
(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.)

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7. 1100 Poydras St., Suite 100 New Orleans, LA 70163
(Principal office address)

P.O. Box 61813 New Orleans, LA 70161-1813
(Current mailing address)

8. Indirect Purchase of Retail Installment Contracts from Automobile Dealerships
(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)

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.

PETER F. SOUZA
ASSISTANT SECRETARY
(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.

OFFICE OF FINANCIAL REGULATION

DON B. SAXON
DIRECTOR

FINANCIAL SERVICES COMMISSION

JEB BUSH
GOVERNOR

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

CHARLIE CRIST
ATTORNEY GENERAL

CHARLES BRONSON
COMMISSIONER OF AGRICULTURE

September 11, 2003

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03 OCT 17 PM 2:26
TALLAHASSEE, FLORIDA

Mr. Robert A. Andras, Jr.
Vice President
Communications Technology
Crescent Bank & Trust
Post Office Box 61813
New Orleans, Louisiana 70161-1813

Dear Mr. Andras:

Re: Crescent Bank & Trust

Thank you for your recent letter/fax requesting name approval of the above referenced state-chartered institution located in Louisiana.

As Section 655.922, Florida Statutes, exempts a financial institution, holding company or its subsidiaries from the prohibition of using the word "bank," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union" in its corporate name, the Office of Financial Regulation-Financial Institution's office will not object to the use of the above corporate name being registered to transact business as a foreign corporation in the state of Florida.

Sincerely,

Linda B. Charity
Deputy Director
Financial Institutions

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings
Division of Corporations, Secretary of State's Office

James H. Harris, Esquire, Office of Financial Regulation

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

A. DIRECTORS

Chairman: Gary N. Solomon

Address: 1100 Poydras St., Suite 100
New Orleans, LA 70163

Vice Chairman: _____

Address: _____

Director: Martha N. Solomon

Address: 1100 Poydras St., Suite 100
New Orleans, LA 70163

Director: Fred B. Morgan, III

Address: 1100 Poydras St., Suite 100
New Orleans, LA 70163

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B. OFFICERS

President: Fred B. Morgan, III

Address: 1100 Poydras St., Suite 100
New Orleans, LA 70163

Vice President: Edward J. Bourgeois EVP/COO

Address: 1450 Poydras St., Suite 1800
New Orleans, LA 70112

Secretary: Martha N. Solomon

Address: 1100 Poydras St., Suite 100 New Orleans, LA 70163

Treasurer: Barry B. Bleakley CFO

Address: 1450 Poydras St., Suite 1800 New Orleans, LA 70112

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

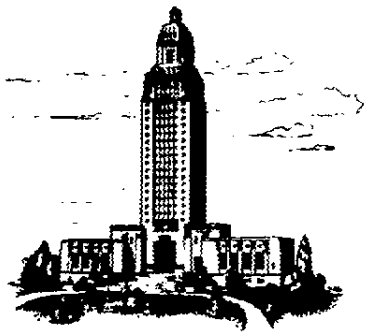
13. Fred B. Morgan III
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Fred B. Morgan, III President
(Typed or printed name and capacity of person signing application)

STATE OF LOUISIANA

OFFICE OF FINANCIAL INSTITUTIONS

BATON ROUGE, LOUISIANA



IT IS HEREBY CERTIFIED THAT

CITY BANK & TRUST,

domiciled in New Orleans, Orleans Parish, Louisiana,

was issued a Certificate of Authority

to conduct the business of banking under

the laws of the State of Louisiana, effective September 3, 1991,

and on September 1, 1994, changed its name to

CRESCENT BANK & TRUST,

domiciled in New Orleans, Orleans Parish, Louisiana,

and has operated continuously since the date of opening.

In testimony whereof, I have hereunto set my hand and caused the seal of my Office to be affixed at the City of Baton Rouge on September 16, 2003.

John D. Travis

John D. Travis
Commissioner of Financial Institutions

POST OFFICE BOX 94095, BATON ROUGE, LOUISIANA 70804-9095 (225) 925-4660
DEPOSITORY & ADMINISTRATION - FAX # (225) 925-4548
LEGAL, NON-DEPOSITORY & SECURITIES - FAX # (225) 925-4524
web site: www.ofi.state.la.us email: ofila@ofi.state.la.us