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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CT CORPORATION SYSTEM

660 East Jefferson Street

Tallahassee, FL 32304 April 15, 2004

Tel 850 222 1092

Fax 850 222 7615

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

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04 APR 15 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6079904 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Sunrise At-Home Senior Living, Inc. (DE)
Qualification
Florida

Please FILE FIRST.

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

**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. SUNRISE AT-HOME SENIOR LIVING, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 54-1996412

(FEI number, if applicable)

4. 09/28/2000

(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. 7902 Westpark Drive, McLean, VA 22102

(Principal office address)

same

(Current mailing address)

8. At-home senior living services

(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: c/o C T Corporation System, 1200 South Pine Island

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

By: Connie B. Jones

(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 *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Horace B. Deets

Address: 7902 Westpark Drive

McLean, VA 22102

Director: David W. Faeder

Address: 7902 Westpark Drive

McLean, VA 22102

B. OFFICERS *SEE ATTACHMENT*

President: Thomas B. Newell

Address: 7902 Westpark Drive

McLean, VA 22102

Vice President: Larry Hulse

Address: 7902 Westpark Drive

McLean, VA 22102

Secretary: Teresa M. Klaassen

Address: 7902 Westpark Drive McLean, VA 22102

Treasurer: Teresa M. Klaassen

Address: 7902 Westpark Drive McLean, VA 22102

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. David Schwartz, Vice President

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

Attachment to Florida
Officers & Directors

1. Full Name: Thomas B. Newell
Officer/Director: Officer, Director
Director's Title: Other Director
Business Address: 7902 Westpark Drive
City: McLean
State: VA
ZIP Code: 22102
2. Full Name: Daniel Schwartz
Officer/Director: Officer, Director
Director's Title: Other Director
Business Address: 7902 Westpark Drive
City: McLean
State: VA
ZIP Code: 22102
3. Full Name: Brian C. Swinton
Officer/Director: Officer, Director
Director's Title: Other Director
Business Address: 7902 Westpark Drive
City: McLean
State: VA
ZIP Code: 22102
4. Full Name: Julian Myers Benton
Officer/Director: Officer
Business Address: 7902 Westpark Drive
City: McLean
State: VA
ZIP Code: 22102
5. Full Name: Brian Danaher
Officer/Director: Officer
Business Address: 7902 Westpark Drive
City: McLean
State: VA
ZIP Code: 22102
6. Full Name: Larry Hulse
Officer/Director: Officer
Business Address: 7902 Westpark Drive
City: McLean
State: VA
ZIP Code: 22102
7. Full Name: Teresa M. Klaassen
Officer/Director: Officer
Business Address: 7902 Westpark Drive

- City: McLean
State: VA
ZIP Code: 22102
8. Full Name: James Garvey
Officer/Director: Director
Director's Title: Other Director
Business Address: 7902 Westpark Drive
City: McLean
State: VA
ZIP Code: 22102
9. Full Name: Paul J. Klaassen
Officer/Director: Director
Business Address: 7902 Westpark Drive
City: McLean
State: VA
ZIP Code: 22102
10. Full Name: Arthur Stratton
Officer/Director: Director
Director's Title: Other Director
Business Address: 7902 Westpark Drive
City: McLean
State: VA
ZIP Code: 22102
11. Full Name: Norman Zober
Officer/Director: Director
Director's Title: Other Director
Business Address: 7902 Westpark Drive
City: McLean
State: VA
ZIP Code: 22102

Delaware

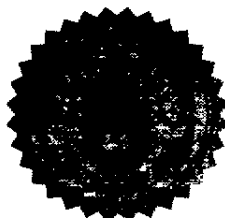
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNRISE AT-HOME SENIOR LIVING, 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 APRIL, A.D. 2004.

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

3295155 8300

AUTHENTICATION: 3045615

040264470

DATE: 04-12-04