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Division of Corporations  
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Florida Department of State  
Division of Corporations  
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Hub Holding Corp.

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# 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. HUB HOLDING CORP.

(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. 20-0384718

(FBI number, if applicable)

4. 10/24/2003

(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. 5200 Town Center Circle, Suite 470, Boca Raton, FL 33486

(Principal office address)

2501 E. Gurnee Road Ontario, CA 91761

(Current mailing address)

8. See Attachment

(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: CT Corporation System

Office Address: c/o CT Corporation System, 1200 South Pine Island

Plantation, Florida 33324  
(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.

CT Corporation System

By: 

(Registered agent's signature)

James A. Bordonaro  
Assistant Secretary

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:

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DIVISION OF CORPORATIONS  
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**A. DIRECTORS SEE ATTACHMENT**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS SEE ATTACHMENT**

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Vice President: James D. AllenAddress: 5200 Town Center Circle, Suite 470Boca Raton, FL 33486

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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. C. Deryl Couch, Asst. Secretary  
(Typed or printed name and capacity of person signing application)FILED STATE  
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## Attachment to Florida

## Purpose Clause

To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware.

## Officers &amp; Directors

- 
- |    |  |   |
|----|--|---|
| 1. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code: | James D. Allen<br>Officer, Director<br>Vice President<br>5200 Town Center Circle, Suite 470<br>Boca Raton<br>FL<br>33486              |
| 2. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code: | C. Deryl Couch<br>Officer, Director<br>Vice President & Assist Sec<br>5200 Town Center Circle, Suite 470<br>Boca Raton<br>FL<br>33486 |
| 3. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code: | T. Scott King<br>Officer, Director<br>Vice President<br>5200 Town Center Circle, Suite 470<br>Boca Raton<br>FL<br>33486               |
| 4. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code: | Rodger R. Krouse<br>Officer, Director<br>Vice President<br>5200 Town Center Circle, Suite 470<br>Boca Raton<br>FL<br>33486            |
| 5. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code: | Marc J. Leder<br>Officer, Director<br>Vice President<br>5200 Town Center Circle, Suite 470<br>Boca Raton<br>FL<br>33486               |
| 6. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code: | M. Steven Liff<br>Officer, Director<br>Vice President<br>11111 Santa Monica Blvd., #1050<br>Los Angeles<br>CA<br>90025                |
| 7. | Full Name:<br>Officer/Director:<br>Officer's Title:  | Clarence E. Terry<br>Officer, Director<br>Vice President  |

- Business Address:  
City:  
State:  
ZIP Code:
- 5200 Town Center Circle, Suite 470  
Boca Raton  
FL  
33486
8. Full Name: Kevin Calhoun  
Officer/Director: Officer  
Officer's Title: Vice President  
Business Address: 5200 Town Center Circle, Suite 470  
City: Boca Raton  
State: FL  
ZIP Code: 33486
9. Full Name: Phil Dougall  
Officer/Director: Officer  
Officer's Title: Vice President  
Business Address: 5200 Town Center Circle, Suite 470  
City: Boca Raton  
State: FL  
ZIP Code: 33486
10. Full Name: Benjamin Emmons  
Officer/Director: Officer  
Officer's Title: Vice President  
Business Address: 5200 Town Center Circle, Suite 470  
City: Boca Raton  
State: FL  
ZIP Code: 33486
11. Full Name: Matthew Garff  
Officer/Director: Officer  
Officer's Title: Vice President  
Business Address: 11111 Santa Monica Blvd., #1050  
City: Los Angeles  
State: CA  
ZIP Code: 90025
12. Full Name: Michael Kalb  
Officer/Director: Officer  
Officer's Title: Vice President  
Business Address: 375 Park Avenue, Suite 1302  
City: New York  
State: NY  
ZIP Code: 10152
13. Full Name: David Kreilein  
Officer/Director: Officer  
Officer's Title: Vice President  
Business Address: 5200 Town Center Circle, Suite 470  
City: Boca Raton  
State: FL  
ZIP Code: 33486
14. Full Name: Jason A. Leach  
Officer/Director: Officer  
Officer's Title: Vice President  
Business Address: 5200 Town Center Circle, Suite 470  
City: Boca Raton  
State: FL  
ZIP Code: 33486

15. Full Name: Ralph Lynch  
Officer/Director: Officer  
Officer's Title: Vice President  
Business Address: 375 Park Avenue, Suite 1302  
City: New York  
State: NY  
ZIP Code: 10152
16. Full Name: Jason Neimark  
Officer/Director: Officer  
Officer's Title: Vice President  
Business Address: 5200 Town Center Circle, Suite 470  
City: Boca Raton  
State: FL  
ZIP Code: 33486
17. Full Name: Lynn Skillen  
Officer/Director: Officer  
Officer's Title: Vice President  
Business Address: 5200 Town Center Circle, Suite 470  
City: Boca Raton  
State: FL  
ZIP Code: 33486
18. Full Name: Erik Swimmer  
Officer/Director: Officer  
Officer's Title: Vice Pres. & Assist. Sec.  
Business Address: 375 Park Avenue, Suite 1302  
City: New York  
State: NY  
ZIP Code: 10152

# Delaware

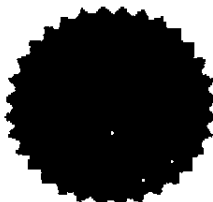
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUB HOLDING CORP." 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 ELEVENTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3166377

DATE: 06-11-04

TOTAL P.07