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Division of Corporations

CT CORPORATION

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Florida Department of State  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT QUALIFICATION**

**Crawford & Company Subrogation and Recovery, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	05
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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. Crawford & Company Subrogation and Recovery, 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. Georgia 3. 20-0616063  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/17/2003 5. Perpetual  
(Date of incorporation) (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. 5620 Glenridge Drive, N.E., Atlanta, GA 30342  
(Principal office address)

same  
(Current mailing address)

8. Subrogation and collection of consumer and commercial claims and debt.  
(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, 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.*

C T Corporation System

By: \_\_\_\_\_

(Registered agent's signature)

JENNIFER FAULTMAN  
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:

**A. DIRECTORS SEE ATTACHMENT**

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

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

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

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

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

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS SEE ATTACHMENT**President: Clayton W. HartleyAddress: 5620 Glenridge Drive, N.E.,Atlanta, GA 30342Vice President: Jay T. CampbellAddress: 5620 Glenridge Drive, N.E.,Atlanta, GA 30342Secretary: Jay T. CampbellAddress: 5620 Glenridge Drive, N.E., Atlanta, GA 30342

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

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

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

13. Clayton W. Hartley

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

14. Clayton W. Hartley, President

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

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TALLAHASSEE, FLORIDA

Attachment to Florida  
Officers & Directors

- 
- |    |                   |                             |
|----|-------------------|-----------------------------|
| 1. | Full Name:        | Clayton W. Hartley          |
|    | Officer/Director: | Officer, Director           |
|    | Officer's Title:  | President                   |
|    | Business Address: | 5620 Glenridge Drive, N.E., |
|    | City:             | Atlanta                     |
|    | State:            | GA                          |
|    | ZIP Code:         | 30342                       |
| 2. | Full Name:        | Jay T. Campbell             |
|    | Officer/Director: | Officer, Director           |
|    | Officer's Title:  | VP & Secretary              |
|    | Business Address: | 5620 Glenridge Drive, N.E., |
|    | City:             | Atlanta                     |
|    | State:            | GA                          |
|    | ZIP Code:         | 30342                       |
| 3. | Full Name:        | David P. Eytcheson          |
|    | Officer/Director: | Director                    |
|    | Officer's Title:  |                             |
|    | Business Address: | 2448 E. 81st St., #800      |
|    | City:             | Tulsa                       |
|    | State:            | OK                          |
|    | ZIP Code:         | 74137                       |

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**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

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CT CORPORATION SYSTEM  
 JESSICA CHASTAIN  
 400 COLONY SQ., STE. 1240, 1201 PEACHTREE STREET,  
 ATLANTA, GA 30361

### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

**CRAWFORD & COMPANY SUBROGATION AND RECOVERY, INC.**  
**A GEORGIA PROFIT CORPORATION**

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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*Cathy Cox*

Cathy Cox  
 Secretary of State