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(City/State/Zip/Phone #)

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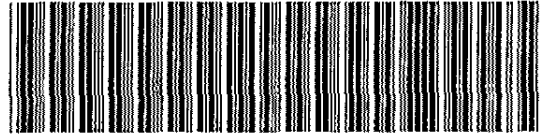
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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

05 JAN 25 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 158806 7287317

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : January 21, 2005

ORDER TIME : 10:32 AM

ORDER NO. : 158806-005

CUSTOMER NO: 7287317

CUSTOMER: Ms. Amy Crisp  
Corban Onesource, Llc  
Suite 200  
235 3rd Street South  
Saint Petersburg, FL 33701

FILED  
05 JAN 25 PM 3:15  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FOREIGN FILINGS

NAME: PLM FINANCIAL SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: \_\_\_\_\_

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. PLM Financial Services, 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 3. 94-2989348  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 31, 1985 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 200 Nyala Farms Road, Westport, CT 06880  
(Principal office address)

200 Nyala Farms Road, Westport, CT 06880  
(Current mailing address)

8. To own and manage a diverse portfolio of transportation and related equipment.  
(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 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

By: Deborah D. Skipper  
(Registered agent's signature)

Deborah D. Skipper  
Asst. V. Pres.

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

Chairman: James A. Coyne

Address: 200 Nyala Farms Road  
Westport, CT 06880

Vice Chairman: N/A

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

Director: James A. Coyne

Address: 200 Nyala Farms Road  
Westport, CT 06880

Director: Gary D. Engle

Address: 200 Nyala Farms Road  
Westport, CT 06880

## B. OFFICERS

President: James A. Coyne

Address: 200 Nyala Farms Road  
Westport, CT 06880

Vice President: Richard K Brock

Address: 1889 Sunset Boulevard  
San Diego, CA 92103

Secretary: James A. Coyne

Address: 200 Nyala Farms Road, Westport, CT 06880

Treasurer: Richard K Brock

Address: 1889 Sunset Boulevard, San Diego, CA 92103

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. James A. Coyne

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

# Delaware

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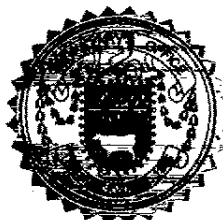
## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PLM FINANCIAL SERVICES, 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 TWENTY-FIRST DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PLM FINANCIAL SERVICES, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 1985.

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.



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

2074790 8300

AUTHENTICATION: 3631116

050050963

DATE: 01-21-05