

Florida Department of State

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FOREIGN PROFIT QUALIFICATION

OFI Institutional Asset Management, Inc.

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Certificate of Status	0
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T. Brumbley APR 2 0 2005

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

I. OFI I	nstitutional Asse	+ Management, Inc. RPORATED, "COMPANY," "CORPORATION,"	-
"Ina.," "Co.," "C	orp," "Ino," "Co," or "Corp.")		
61 P		rporate name adopted for the purpose of transacting business in Florida)	_
	under the law of which it is incor		
4. November	20, 2000 of incorporation)	5. Percetual (Duration: Year corp. will cease to exist or "perpensal")	-
æ			
U	(Cuto first transact (SEE SECTIONS 507.1:	ted business in Florida, if prior to registration) 501 & 607.1502, F.S., to determine penalty liability)	-
7 Two Work	Financial Center,	, 225 Liberty Street, 11th Floor, New York, NY	10281-1008
	10	towiling address)	
 	(Culten	t mailing address)	=
8. Investr	neurl Momagement C of corporation authorized in hor	and related services, use state or country to be carried out in state of Florida)	-
9. Name and street	t address of Florida registered	agent: (P.O. Box NOT acceptable)	d.c
		• بلير	
Name:	C T Corporation System		05
Name: Office Address:	C T Corporation System 1200 South Plus Island Road		S AFE
	1200 South Plus Island Road Plantation		i i
	1200 South Plus Johns Road	, Florida 33324 (Zip code)	5 MED 19
	1200 South Plus Island Road Pluntation (City)		Par -
Office Address: 10. Registered as Having been name	1200 South Plus Island Road Plantation (City) ont's acceptance: of as registered agent and to a	, Florida 33324 (Zip code) accept service of process for the above stated corporation at the 1	
Office Address: 10. Registered as Having been named designated in this further agree to co	1200 South Plus Island Road Plantation (City) ont's acceptance: of as registered agent and to a application, I hereby accept to thiply with the provisions of a	, Florida 33324 (Zip code) accept service of process for the above stated corporation at the plan appointment as registered agent and agree to act in this capa- ill statutes relative to the proper and complete performance of in-	
Office Address: 10. Registered as Having been named designated in this further agree to co	1200 South Plus Island Road Physician (City) ont's acceptance: of as registered agent and to to application, I hereby accept to apply with the provisions of a with and accept the obligation	, Florida 33324 (Zip code) accept service of process for the above stated corporation at the place appaintment as registered agent and agree to act in this capatil statutes relative to the proper and complete performance of ing as of my position as registered agent.	place :
Office Address: 10. Registered as Having been named designated in this further agree to co	1200 South Plus Island Road Physician (City) ont's acceptance: of as registered agent and to to application, I hereby accept to apply with the provisions of a with and accept the obligation	, Florida 33374 (Zip code) accept service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capatilistatutes relative to the proper and complete performance of in ms of my position as registered agent. T Cosporation System	place ;
Office Address: 10. Registered as Having been named designated in this further agree to co	1200 South Pine lefand Road Plinitation (City) ont's acceptance: ed as registered agent and to a application, I hereby accept to amply with the provisions of a with and accept the obligation	, Florida 33324 (Zip code) accept service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capatill statutes relative to the proper and complete performance of insulations of my position as registered agent. I Cosporation System Michael J. Mitchell Accistant Secretary	place ;
Office Address: 10. Registered as Having been named designated in this further agree to count I am familiar	1200 South Pine lefand Road Plinitation (City) ont's acceptance: ed as registered agent and to a application, I hereby accept to amply with the provisions of a with and accept the obligation	, Florida 33324 (Zip code) accept service of process for the above stated corporation at the place appaintment as registered agent and agree to act in this capatil statutes relative to the proper and complete performance of ing as of my position as registered agent.	place :
Office Address: 10. Registered as Having been named signated in this further agree to be and I am fumiliar 11. Attached is a company of the Department of	1200 South Plus Island Road Plantation (City) ont's acceptance: and as registered agent and to a application, I hereby accept to application, I hereby accept to application of a with and accept the obligation (Regist certificate of existence only aut	, Florida 33324 (Zip code) accept service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capatill statutes relative to the proper and complete performance of insulations of my position as registered agent. I Cosporation System Michael J. Mitchell Accistant Secretary	place :

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

PLOTS - 27 LOS C T Bysiges Golfing

A. DIRECTORS
Chairman: Charles L. McKenzie
Address: The World Financial Center, 225 Liberty Street, 11th Floor New York, NY 10281-1008
Vice Chairman:
Address:
Director: John V, Murphy
Address: (See above)
Director. Kurt Wolfgruber
Address: (See Alanve)
B. OFFICERS
Address: Two World Financial Center, 225 Liberty Street, 1th Floor
Address Two World Financial Center, 225 Liberty Street, Uth Floor
New York, MY 10281-1008 Vice President: Robert &. Zack, Senior Vice President, General Counsel
Address: (Sec alapte)
Secretary: Janette Aprilante
Addrass: (See along)
Tresourer: Brian W. Wixted
Address: (See above)
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Smith Application 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5
(Signature of Director or Officer listed in number 12 of the application)
14. Sanette Apr. lante . Secretary (Typed or printed name and sapecity of person signing application)
(Types or printed name and capacity of person righting application)

State of New York **Department of State**

I hereby certify, that the Certificate of Incorporation of OFI INSTITUTIONAL ABSET MANAGEMENT, INC. was filed on 11/20/2000, under the name of OAM INSTITUTIONAL, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment CAM INSTITUTIONAL, INC., changing its name to OFI INSTITUTIONAL ASSET MANAGEMENT, INC., was filed 05/17/2002.



Witness my hand and the official seul of the Department of State at the City of Albany, this 18th day of April two thousand and five.

Secretary of State

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