

FO500000 5526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

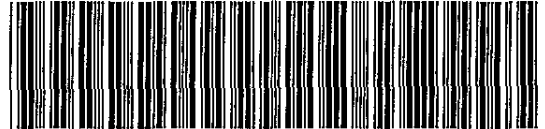
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TALLAHASSEE, FLORIDA

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005-43932

9/28  
JMS

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trubee, Collins & Co., Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kelly Janicki

(Name of Person)

Trubee, Collins & Co., Inc.

(Firm/Company)

1350 One M & T Plaza

(Address)

Buffalo, NY 14203

(City/State and Zip code)

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For further information concerning this matter, please call:

Kelly Janicki

(Name of Person)

at ( 716 ) 849-1401

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

~~XXXX~~ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 21, 2005

KELLY JANICKI  
1350 ONE M & T PLAZA  
BUFFALO, NY 14203

SUBJECT: TRUBEE, COLLINS & CO., INC.  
Ref. Number: W05000043932

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for TRUBEE, COLLINS & CO., INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 205A00057895



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 21, 2005

KELLY JANICKI  
1350 ONE M & T PLAZA  
BUFFALO, NY 14203

SUBJECT: TRUBEE, COLLINS & CO., INC.  
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Marsha Thomas  
Document Specialist

Letter Number: 205A00057895

**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. Trubee, Collins & Co., 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. New York 3. 16=1406627  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1991 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. 1350 One M & T Plaza Buffalo NY 14203  
(Principal office address)

(Current mailing address)

8. Registration is for the purpose of transacting insurance business (variable and fixed  
annuities) in the State of Florida.

- (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: Corporate Creations Network Inc.

Office Address: 11380 Prosperit Farms Road, #221E

Palm Beach Gardens, Florida 33410  
(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.*

  
(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:

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FLORIDA  
STATE

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Name	Steve Bookbinder	Title	VP	SSN/FEIN	123-44-3880	Owner:	Yes
Name	Jeffrey Bowen	Title	VP	SSN/FEIN	062-40-2860	Owner:	Yes
Name	William Bredenberg	Title	VP	SSN/FEIN	053-58-6925	Owner:	Yes
Name	Anthony Frandina	Title	VP	SSN/FEIN	106-28-8520	Owner:	Yes
Name	Edwin Johnston	Title	Co-Chair	SSN/FEIN	007-30-0191	Owner:	Yes
Name	William Pictor	Title	President	SSN/FEIN	127-52-3888	Owner:	Yes
Name	Robert Quinn	Title	VP	SSN/FEIN	125-28-7771	Owner:	Yes
Name	Jack Reukauf	Title	VP	SSN/FEIN	104-14-1114	Owner:	Yes
Name	William Richardson	Title	Co-Chair	SSN/FEIN	064-26-7411	Owner:	Yes
Name	Michael Sheets	Title	CEO		079-38-9208	Owner:	Yes
Name	Thomas Vossler	Title	VP		211-36-9503	Owner:	Yes
Name	Angeline Webb	Title	VP		106-28-3154	Owner:	Yes

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

## B. OFFICERS

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

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

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

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

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. William R Pictor - President \_\_\_\_\_

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

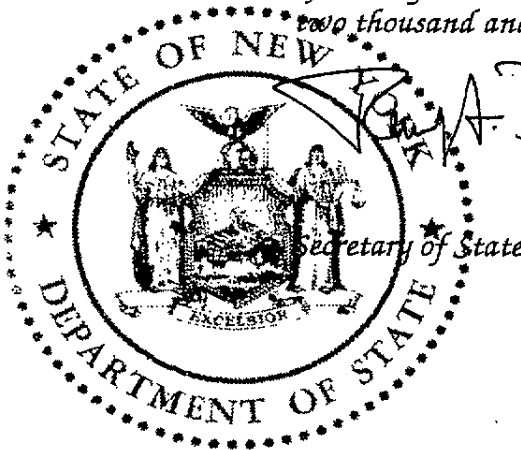
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STATE OF FLORIDA  
TALLAHASSEE

**State of New York } ss:  
Department of State**

I hereby certify, that the Certificate of Incorporation of *TRUBEE, COLLINS & CO., INC.* was filed on 12/10/1991, 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 a subsisting corporation.

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 09th day of August  
two thousand and four.*



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