

FD6000004633

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

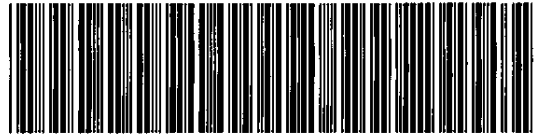
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RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
06 JUL 10 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1154



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 231646 7541590

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : July 10, 2006

ORDER TIME : 10:38 AM

ORDER NO. : 231646-005

CUSTOMER NO: 7541590

06 JUL 10 PM 3:08
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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: ORD FINANCIAL SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER: _____

**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.

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TALLAHASSEE, FLORIDA

1. **ORD 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. **New York**

(State or country under the law of which it is incorporated)

3. **14-1715470**

(FEI number, if applicable)

4. **2-8-89**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Has not transacted business in Florida.**

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

7. **17 Halfmoon Executive Park Drive, Clifton Park, NY 12065**

(Principal office address)

17 Halfmoon Executive Park Drive, Clifton Park, NY 12065

(Current mailing address)

8. **Debt collection of consumer debts and any business authorized by law**

(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)

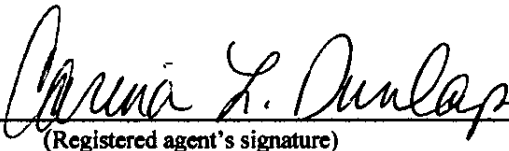
Name: Corporation Service Company

Office Address: 1201 Hays St.

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.



(Registered agent's signature)

Carina L. Dunlap
Asst. Vice President

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: Charles Ehrig

Address: 7361 Calhoun Place, Suite 510, Rockville, MD 20855-2774.

Vice Chairman: Richard Drake

Address: 17 Halfmoon Executive Park Drive, Clifton Park, NY 12065

Director: Michael Todd

Address: 7361 Calhoun Place, Suite 510, Rockville, MD 20855-2774.

Director: Nandan Setlur

Address: 7361 Calhoun Place, Suite 510, Rockville, MD 20855-2774.

B. OFFICERS

President: Richard Drake

Address: 17 Halfmoon Executive Park Drive, Clifton Park, NY 12065

Vice President: _____

Address: _____

Secretary: Michael Todd

Address: 7361 Calhoun Place, Suite 510, Rockville, MD 20855-2774.

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. Richard Drake

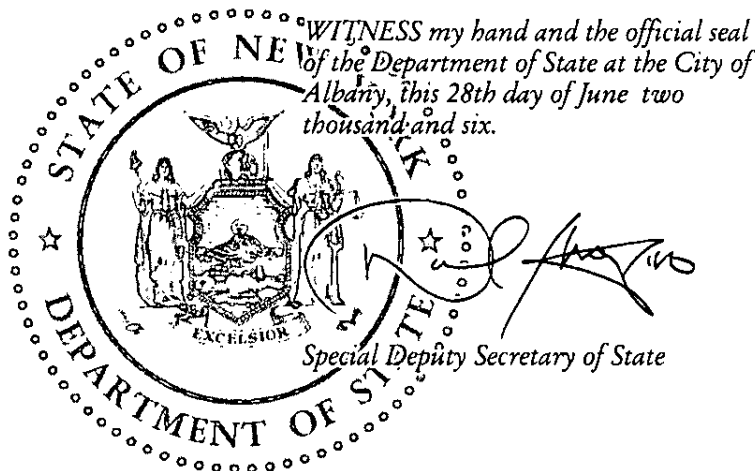
(Typed or printed name and capacity of person signing application)

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DEPT. OF STATE
FALLS CHURCH, VA 22044

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ORD FINANCIAL SERVICES, INC. was filed on 02/08/1989, under the name of WKS, 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 WKS, INC., changing its name to ORD FINANCIAL SERVICES, INC., was filed 04/24/1995.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORD FINANCIAL SERVICES, INC.
17 HALFMOON EXECUTIVE PARK DRIVE
CLIFTON PARK NY 12065

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CUST REF: N

Enclosed is the information you requested. Your payment of \$50.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.

