

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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FOREIGN PROFIT/NONPROFIT CORPORATION

Colonial Asset Management, Inc.

Certificate of Status	0
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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. COLONIAL ASSET MANAGEMENT, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. ALABAMA
(State or country under the law of which it is incorporated)
3. 63-1204105
(FEI number, if applicable)
4. 4-4-1998
(Date of incorporation)
5. PERPETUAL
(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. ONE COMMERCE STREET, MONTGOMERY, AL 36104
(Principal office address)
ONE COMMERCE STREET, MONTGOMERY, AL 36104
(Current mailing address)
8. Investment Advisor, Asset Management
(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: C T Corporation System
Office Address: 1200 South Pine Island Road
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.

Joan Golden
(Registered agent's signature)

JOAN GOLDEN
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.

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

A. DIRECTORS

Chairman: Sarah H. Moore
Address: One Commerce St.
Montgomery, AL 36104
Vice Chairman: Linda Green
Address: One Commerce St.
Montgomery, AL 36104
Director: Patti Hill
Address: One Commerce St.
Montgomery, AL 36104
Director: Glenda Alfred
Address: One Commerce St.
Montgomery, AL 36104

B. OFFICERS

President: Sarah H. Moore
Address: One Commerce St.
Montgomery, AL 36104
Vice President: David Reimer
Address: One Commerce St.
Montgomery, AL 36104
Secretary: Carl Finley
Address: One Commerce St., Montgomery AL 36104
Treasurer: Beth Johnson
Address: One Commerce St., Montgomery AL 36104

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

13. [Signature]
(Signature of Director or Officer listed in number 12 of the application)
14. David Reimer, Vice-President
(Typed or printed name and capacity of person signing application)

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Nancy L. Worley
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

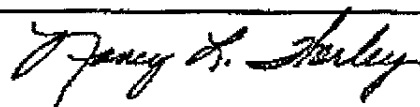
I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Colonial Asset Management, Inc. incorporated in Montgomery County, Montgomery, Alabama on May 4, 1998. I further certify that the records do not disclose that said Colonial Asset Management, Inc. has been dissolved.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

May 16, 2006

Date



Nancy L. Worley

Secretary of State

