

F060000006666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

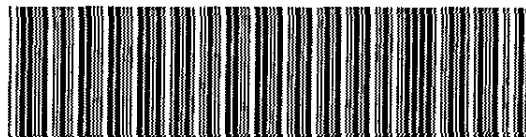
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200081002222

10/23/06--01025--013 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 23 PM 1:49

B. McKnight OCT 23 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Consumer Adjustment Company, 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:

Matthew J. Clark

(Name of Person)

CACi

(Firm/Company)

12855 Tesson Ferry Rd., Suite 200

(Address)

Saint Louis, MO 63128

(City/State and Zip code)

For further information concerning this matter, please call:

Matthew J. Clark

(Name of Person)

at (314) 729-1133 (ext 327)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$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

**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. Consumer Adjustment Company, 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. Missouri

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

3. 43089988

(FEI number, if applicable)

4. 1967

(Date of incorporation)

5. Perpetual

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

6. N/A

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

7. 12855 Tesson Ferry Rd., Saint Louis, MO 63128

(Principal office address)

12855 Tesson Ferry Rd., Saint Louis, MO 63128

(Current mailing address)

8. Consumer debt collection

(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:

CT Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(Zip code)

06 OCT 23 PM 1:49

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

★ SEE ATTACHED ★

(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:

A. DIRECTORS

Chairman: N/A

Address: N/A

Vice Chairman: N/A

Address: N/A

Director: N/A

Address: N/A

Director: N/A

Address: N/A

B. OFFICERS

President: Roger Weiss

Address: 12855 Tesson Ferry Rd.
St. Louis, MO 63128

Vice President: Shawn M. Farris

Address: 12855 Tesson Ferry Rd.
St. Louis, MO 63128

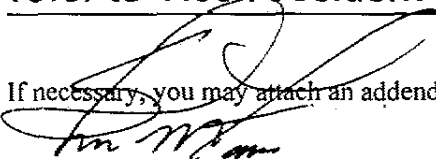
Secretary: refer to President

Address: refer to President

Treasurer: refer to Vice President

Address: refer to Vice President

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. Shawn M. Farris - Vice President
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 23 PM 1:49

ACCEPTANCE OF APPOINTMENT

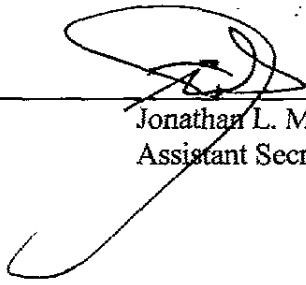
RE: Consumer Adjustment Company, Inc.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: June 1, 2006

C T CORPORATION SYSTEM

By _____


Jonathan L. Miles,
Assistant Secretary

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 23 PM 1:49

STATE OF MISSOURI



Robin Carnahan
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 23 PM 1:49

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

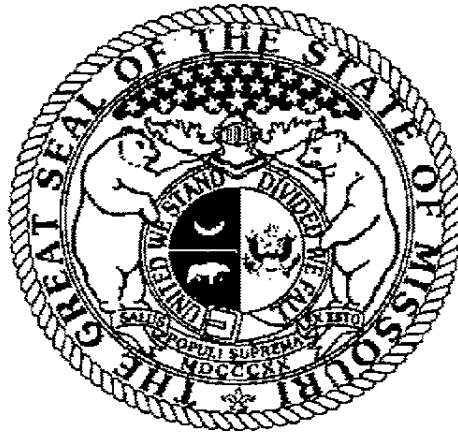
CONSUMER ADJUSTMENT COMPANY, INC.
00123675

was created under the laws of this State on the 6th day of March, 1967, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 4th day of October, 2006

Robin Carnahan

Secretary of State



Certification Number: 9100422-1 Reference:
Verify this certificate online at <http://www.sos.mo.gov/businessentity/verification>