

# F07000001567

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

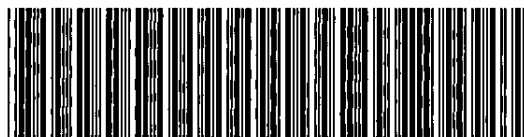
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED  
2007 MAR 21 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAR 22 2007



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 811914 4309934

AUTHORIZATION :

COST LIMIT : \$ PPD

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ORDER DATE : March 20, 2007

ORDER TIME : 11:42 AM

ORDER NO. : 811914-005

CUSTOMER NO: 4309934  
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FOREIGN FILINGS

NAME: SIAA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace -- EXT# 2928

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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1. SIAA, 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 Hampshire

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

3. 02-0466476

(FEI number, if applicable)

4. 9/28/1993

(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. 234 Lafayette Road, Hampton, NH 03482

(Principal office address)

Same

(Current mailing address)

8. Coordinate network of independent insurance agencies to produce property and casualty insurance

(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 Street

Tallahassee

(City)

, Florida 32301

(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)

ROBERT BRANCH, Asst. V.P.

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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: James A. Masiello

Address: 234 Lafayette Road

Hampton, NH 03842

Director: Matthew Masiello

Address: 234 Lafayette Road

Hampton, NH 03842

**B. OFFICERS**

President: Nickolas J. Pappajohn

Address: 234 Lafayette Road

Hampton, NH 03842

Vice President: Matthew Masiello

Address: 234 Lafayette Road

Hampton, NH 03842

Secretary: Paul A. Labonte

Address: 234 Lafayette Road, Hampton, NH 03842

Treasurer: Paul A. Labonte

Address: 234 Lafayette Road, Hampton, NH 03842

**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. Paul A. Labonte, Treasurer and CFO

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

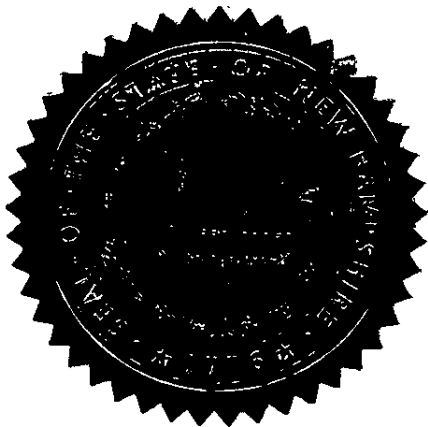
# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify SIAA, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on September 28, 1993. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 8<sup>th</sup> day of March, A.D. 2007

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State