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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

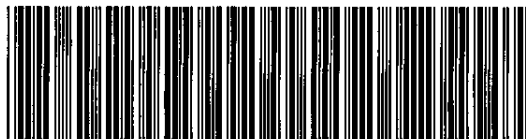
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: US-REPORTS, 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:

GLONDA A. GARRETT

(Name of Person)

US-REPORTS, INC.

(Firm/Company)

5802 WRIGHT DRIVE

(Address)

LOVELAND, CO 80538

(City/State and Zip code)

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For further information concerning this matter, please call:

GLONDA A. GARRETT

(Name of Person)

at (800) 223-2310 EXT. 216

(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. **US-REPORTS, 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. **COLORADO**

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

3. **75-3085812**

(FEI number, if applicable)

4. **10/17/2002**

(Date of incorporation)

5. **PEREPTUAL**

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

6. **09-01-06**

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

7. **5802 WRIGHT DRIVE, LOVELAND, CO 80538**

(Principal office address)

5802 WRIGHT DRIVE, LOVELAND, CO 80538

(Current mailing address)

8. **Completion of Premium Audits & Loss Control Surveys for Insurance Co's**

(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:

Deraimon Villaverde

Office Address:

12921 SW 208 Lane

Miami

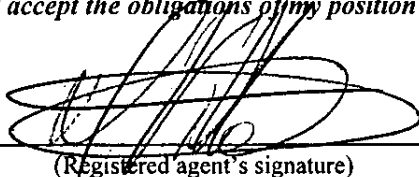
(City)

33177

(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.

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

A. DIRECTORS

Chairman: SEE ATTACHED LIST

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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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. Vice President

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

US-REPORTS, INC
Corporate Officers/Directors

Name	Title	Address
Steven A. Hitz	Pres/CEO/Director	5802 Wright Drive Loveland, CO 80538
Ginger L. Hitz	Vice Pres./CFO/Director	5802 Wright Drive Loveland, CO 80538
Jon C. Kovach	Vice President/Director	5802 Wright Drive Loveland, CO 80538
Glonda A. Garrett	Vice President/Director	5802 Wright Drive Loveland, CO 80538
Richard C. Thompson	Vice President/Director	5802 Wright Drive Loveland, CO 80538
Jeffrey H. Blunck	Vice President/Director	5802 Wright Drive Loveland, CO 80538
Stephen Heston	Vice President	5802 Wright Drive Loveland, CO 80538
Kenneth R. Zimmerman	Vice President	5802 Wright Drive Loveland, CO 80538
Steven R. Hitz	Vice President	5802 Wright Drive Loveland, CO 80538
Merrily J. Reflow	Vice President	5802 Wright Drive Loveland, CO 80538
Steven H. Goldberg	Director	2961 Garrett Dr. Ft. Collins, CO 80526

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

US-REPORTS, INC.

is a
Corporation

formed or registered on 10/17/2002 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20021288698 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/16/2007 that have been posted, and by documents delivered to this office electronically through 04/19/2007 @ 11:10:29 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 04/19/2007 @ 11:10:29 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6762215 .



Mike Coffman

Secretary of State of the State of Colorado

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TALLAHASSEE, FLORIDA

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."