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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Rydex Distributors, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$3,520.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. Rydex Distributors, 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. Maryland 3. 52-1966988
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/21/1996 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 03/15/2004
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9601 Blackwell Road, Suite 500, Rockville, MD 20850
(Principal office address)

same
(Current mailing address)

8. To function as a for-profit registered broker-dealer.
(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.

C T Corporation System

By: Mal B...
(Registered agent's signature)

Mark Brinkman
Vice President and 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.

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

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TALLAHASSEE, FLORIDA

A. DIRECTORS SEE ATTACHMENT

Chairman: Robert J. Viragh

Address: 9601 Blackwell Road, Suite 500

Rockville, MD 20850

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Carl G. Verboncoeur

Address: 9601 Blackwell Road, Suite 500

Rockville, MD 20850

Vice President: _____

Address: _____

Secretary: Kevin Farragher

Address: 9601 Blackwell Road, Suite 500, Rockville, MD 20850

Treasurer: Carl G. Verboncoeur

Address: 9601 Blackwell Road, Suite 500, Rockville, MD 20850

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

13. CB ✓

(Signature of Director or Officer listed in number 12 of the application)

14. Carl G. Verboncoeur, President

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

1	Full Name:	Peter J. Brophy
	Officer/Director:	Officer
	Officer's Title:	CFO
	Director's Title:	
	Business Address:	9601 Blackwell Road, Suite 500
	City:	Rockville
	State:	MD
	ZIP Code:	20850
2	Full Name:	Jean M. Dahl
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	9601 Blackwell Road, Suite 500
	City:	Rockville
	State:	MD
	ZIP Code:	20850
3	Full Name:	Katherine A. Viragh
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	9601 Blackwell Road, Suite 500
	City:	Rockville
	State:	MD
	ZIP Code:	20850
4	Full Name:	Mark S. Viragh
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	9601 Blackwell Road, Suite 500
	City:	Rockville
	State:	MD
	ZIP Code:	20850

STATE OF MARYLAND
Department of Assessments and Taxation

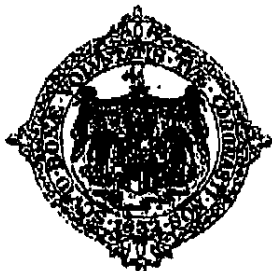
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT RYDEX DISTRIBUTORS, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 09, 2007.



Paul B. Anderson
Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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