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To:

Division of Corporations

Fax Number : (850)205-0381

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

SBCSI Leasing (GP) Company

Certificate of Status	0
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Estimated Charge	\$70.00

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Corporate Filing Menu

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CT CORPORATION SYSTM

AFFLICATI	and the second s	S IN FLORIDA		
IN COMPLIANCE W REGISTER A FOREI	TTH SECTION 607.1503, FLORIDA IGN CORPORATION TO TRANSACT	STATUTES, THE FOLLOWING IS SUBMITTED SO		
1. SBCSI LE	EASING (GP) COMPANY	THE STATE OF THE S		
(Enter name of corp	oration; must include "INCORPORATEI " "Inc." "Co," or "Corp.")	O," "COMPANY," "CORPORATION,"		
(If name unavailable	in Florida, enter alternate corporate nam	to adopted for the purpose of transacting business in Florida)		
2. Delaware	7	38-3691425		
	or the law of which it is incorporated)	(FEI number, if applicable)		
4. 10/31/2003	_ 5	perpetual		
(Date of	incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6	(SEE SECTIONS 607.1501 & 607.	in Florids, if prior to registration) 1502, F.S., to determine penalty liability)		
	(Principal office ad	dress)		
· · · · · · · · · · · · · · · · · · ·	(Current mailing ad	dress)		
a holding company				
(Purpose(s) of	corporation authorized in home state or	country to be carried out in state of Florida)		
9. Name and street ac	dress of Florida registered agent: (P.	O. Box NOT acceptable)		
Name: _	C T Corporation System			
Office Address:	1200 South Pine Island Road			
_	Plantation	, Florida 33324 (Zip code)		
	(City)	(Zip code)		
designated in this app further agree to comp	as registered agent and to accept serv olication. I hereby accept the appoin	vice of process for the above stated corporation at the place tment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties position as registered agent.		
Ву:	C T Corporation System	E.A. Wallace Assistant Secretary		

(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:

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A. DIRECTORS	
Chairmen: please see attached	
Address:	
	1.0 B 1
31	EE a
Vice Chairman:	
Address:	
Director:	700 4
Address:	RELL
$m \rightarrow$	. 7
.6	
Director:	
Address:	
B. OFFICERS	
President: please see attached	
Address:	
Addition,	
Vice President:	
Address:	
34.	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to	the application listing additional officers and/or directors.
13. Hay phoor	
	r listed in number 12 of the application)
14. Gary Johnson, Vice President - Taxes	
(Typed or printed name and c	apacity of person signing application)

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### SBCSI Leasing GP Company

SBCSI Leasing GP Company is a Delaware Close corporation and does not have a board of directors. The company is managed by its sole shareholder.

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#### **BUSINESS ADDRESS**

Allen Craft President 175 East Houston St. San Antonio, Texas 78205

Gary Johnson Vice President - Taxes 175 East Houston St. San Antonio, Texas 78205

Daniel V. James
Treasurer

175 East Houston St. San Antonio, Texas 78205

Sherri Bazan Assistant Treasurer 175 East Houston St. San Antonio, Texas 78205 ZION SEP 17 P 3: 13
SECRETARY OF STATE
AND AND ASSEE, FLORIDA

Ü

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# Delaware

DA/W 7

## The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SBCSI LEASING (GP) COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF SEPTEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Warriet Smith Handson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5984898

DATE: 09-07-07