

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000027272 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

1 (850)222-1092

Fax Number

: (850)878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

The Old Mountain Company, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

B. McKnight FEB 0 1 2000

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.

(Enter name of con	poration; must include "INCORPORATE	D," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Co.	rp," "Inc," "Co," or "Corp,")	•	
(If came unavailab	ole in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business	in Florida)
2 Delaware		3 36-3144022	•
	nder the law of which it is incorporated)	(PEI number, if applicable)	
4. September 25, 192	B1	S. Perpetual	
(Date o	fincorporation)	(Duration: Year corp. will pease to exist or "p	rpettal")
6. January 1, 2008	<u> </u>		· · · · · ·
		in Florids, if prior to registration) 1502, F.S., to determine pecalty liability)	
7. 1001 North U.S. H	ighway One, Suite 205, Jupiter, FL 33477	·	
	(Principal office ec		
1001 North U.S. F	lighway One, Suite 205, Jupiter, FL 33477	· · · · · · · · · · · · · · · · · · ·	
	(Current mailing ac	idress)	
8. To provide admini			SEC TALL
(Purpose(s) c	of corporation authorized in home state or	country to be carried out in state of Florids)	
Name and street s	address of Plorids registered agent: (P.	O. Box NOT acceptable)	<u> </u>
Name:	C T Corporation System	,	
Office Address:	1200 South Fine Island Roud	<u>.</u>	AM IO: 4
	Plantation	Florida 33324	
_	(City)	(Zip code)	
lo. Registered agen	offe engandera.		
Having been named	as registered again and to accept ser-	rice of process for the above stated corporation	n at the place
resignates in this ap	PHORITOR I Roreby accept the appoint	itient as registered agent and agree to act in :	this canacity. I
ınd I am familiar w	th and accept the obligations of my po	relative to the proper and complete performa osition as registered agent.	noe of my duties,
	C T Corporation System	- -	Broderick
_	ا على الله	^ 1	nt Secretary
Ву;	- warry Arroad	SLALES ASSISTA	III OOGIOIDIA

11. Attached is a certificate of existence duly authemicated, 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:

FLOIS - 02/03/3006 C T System Cartine

ZT:91 800Z/1E/10 8202224012



	ECTORS 5	
	marehall Ploid V	
Address:	225 West Wacker Drive, Suite 1500, Chicago, IL 60606	
Vice Cha	pirman;	
Address;		<u> </u>
Director:	Daniel L. Mosley	
Addross:	Cravath, Swaine & Moore, 825 Eighth Avelue, New York, NY 10019	
Director:	John A. Pirovano	<u>.</u>
Address:	351 Fifth Avenue, Suite 1916, New York, NY 10176	
	John A. Pirovano 551 Fifth Avenue, Suite 1916, New York, NY 10176	· · · · · · · · · · · · · · · · · · ·
Assist. Vice Profi	ant Michael J. Wallace	
Address: .	551 Pitth Avenue, Suits 1916, New York, NY 10176	
Secretary:	Christine Syev	
Address:	225 Wast Wecker Drive, Suite 1500, Chicago, IL 60606	
	Susan B. Shapiro 225 West Wacker Drive, Suite 1500, Chiongo, IL 60606	
	If necessary, you may attach an addendum to the application listing additional officers and/or direct	ors.
 A Stuten	(Signature of Director or Officer listed in number 12 of the application) n B. Shepiro, Controller	
4. 34880	(Typed or printed name and capacity of person signing application)	

PLANT- GENEVATION CT SPRAN DELLA

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE OLD MOUNTAIN COMPANY, INC." 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 THIRTIETH DAY OF JANUARY, A.D. 2008.

AND I DO REREBY FORTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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

0923269 8300

Harriot Smith Windsor, Secretary of State AUTHENTICATION: 6349770

DATE: 01-30-08

01/37/5008 10:11 858222615