F08000001888

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		ļ
		ļ

Office Use Only

645-4099 645-49833

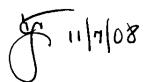


900137351069

10/30/08--01031--007 **87.50

08 NOV -7 PH 4: 52

SECRETARY OF STATE DIVISION OF CORPORATIONS



SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

08 NOV -7 PM 4: 52

TO: New Filing Section Division of Corporations	
SUBJECT: WALKER ASSOCIATES, INC.	
	ration - must include suffix)
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
Gregory Shea	
(Nam	ne of Person)
Walker Associates, Inc.	
(Firm	n/Company)
TwooOliver Street	
(2	Address)
Boston, MA 02109	
(City/St	ate and Zip code)
For further information concerning this matter, plea	ase call:
Gregory Shea at (61	7) 960-4510
	rea 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 \$\ \tag{Certificate of Status}	S78.75 Filing Fee & X \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

08 NOV -7 AM 8: 00

DIVISION OF CORPORATIONS

October 30, 2008

GREGORY SHEA TWO OLIVER STREET BOSTON, MA 02109

SUBJECT: WALKER ASSOCIATES, INCORPORATED

Ref. Number: W08000049832

We have received your document for WALKER ASSOCIATES, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 208A00055686

SECRETARY OF STATE DIVISION OF CORPORATION

Mase see affiched Porsoled"
Organil
Rulepur!

Division of Corporations DO ROY 6397 Tallahassos Florida 3931

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.

The Walker Associates, Inc. of Massachusetts (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Massachusetts (State or country under the law of which it is incorporated) 3. 042713691 (FEI number, if applicable) 4. 1980 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") 6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Two Oliver Street, Boston, MA 02109 (Principal office address) Two Oliver Street, Boston, MA 02109 (Current mailing address) 8. Professional Debt Collection & Extended Business Office Services (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: Kim Scherig Office Address: 13029 St. Filagree Dr. Riverview Florida 33579	(Enter name of	r Associates, Inc. corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Massachusetts 3. 042713691 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 1980 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") 6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Two Oliver Street, Boston, MA 02109 (Principal office address) Two Oliver Street, Boston, MA 02109 (Current mailing address)	The Walker	Associates, Inc. of Massac	chusetts	
(State or country under the law of which it is incorporated) 4. 1980 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Two Oliver Street, Boston, MA 02109 (Principal office address) Two Oliver Street, Boston, MA 02109 (Current mailing address)				Florida)
(State or country under the law of which it is incorporated) 4. 1980 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Two Oliver Street, Boston, MA 02109 (Principal office address) Two Oliver Street, Boston, MA 02109 (Current mailing address)	2. Massachuse	etts	3 042713691	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Two Oliver Street, Boston, MA 02109 (Principal office address) Two Oliver Street, Boston, MA 02109 (Current mailing address)				
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Two Oliver Street, Boston, MA 02109 (Principal office address) Two Oliver Street, Boston, MA 02109 (Current mailing address)	4. 1980		5. Perpetual	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Two Oliver Street, Boston, MA 02109 (Principal office address) Two Oliver Street, Boston, MA 02109 (Current mailing address)	(Dat	e of incorporation)		rpetual'')
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Two Oliver Street, Boston, MA 02109 (Principal office address) Two Oliver Street, Boston, MA 02109 (Current mailing address)	6. <u>N/A</u>			
7. Two Oliver Street, Boston, MA 02109 (Principal office address) Two Oliver Street, Boston, MA 02109 (Current mailing address)				
(Principal office address) Two Oliver Street, Boston, MA 02109 (Current mailing address)	- m - 01.		77.1302, 1.3., to determine penarty hability)	
Two Oliver Street, Boston, MA 02109 (Current mailing address)	7. Two Oliver		11	
(Current mailing address)		(Principal office	address)	
	Two Oliver			
Professional Debt Collection & Extended Business Office Services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kim Scherig Professional Debt Collection & Extended Business Office Services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		(Current mailing	address)	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) O. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kim Scherig Office Address: 13029 St. Filagree Dr.	. D	-1 P.1 - 0 11 - 1 - 0		9
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kim Scherig Office Address: 13029 St. Filagree Dr.				
Name: Kim Scherig Office Address: 13029 St. Filagree Dr.	(1 di pose)	sy or corporation authorized in nome state (or country to be carried out in state of Fiorida)	7
Name: Kim Scherig F. Office Address: 13029 St. Filagree Dr.	9. Name and stre	eet address of Florida registered agent:	(P.O. Box NOT acceptable)	-7
Office Address: 13029 St. Filagree Dr.	Name:	Kim Scherig		2
Office Address: 13029 St. Filagree Dr.				f:
G. S.	Office Address:	13029 St. Filagree Dr.		53 53
Riverview , Florida 33579		Riverview	, Florida 33579	ONS
(City) (Zip code)		(City)		•
10. Registered agent's acceptance:				

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:

SECRETARY OF STATE DIVISION OF CORPORATIONS

A.	DIRECTORS	

Chairman:	Paul S. Colahan	08 NOV -7	PH 4:53
	Two Oliver St.		11.4.8.11
	Boston, MA 02109		
Vice Chairman	n: Stephen Colahan		
Address:	Two Oliver Street		
	Boston, MA 02109		
Director:	Anthony E. Slabacheski		
Address:	Two Oliver Street		
	Boston, MA 02109		
Director:			
Address:			
B. OFFICE	RS		
President:	Stephen P. Colahan		
Address:	Two Oliver Street		
	Boston, MA 02109		
Vice President	Anthony E. Slabacheski		
Address:	Two Oliver Street		
	Boston, MA 02109		
Secretary:	Rosemary A. Ward		
Address:	Two Oliver Street, Boston, MA 02109	<u></u>	, ,, ,,
Treasurer:	Paul Colahan		
Address:	Two Oliver Street, Boston, MA 02109		
NOTE: If no	ecessary, you may attach an addendum to the application listing addit		or directors.
	(Signature of Director or Officer listed in number 12 of the	application)	
14	Stephen P. Colahan, President (Typed or printed name and capacity of person signing ap	plication)	



The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin Secretary of the Commonwealth

October 28, 2008

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

THE WALKER ASSOCIATES, INC.

is a domestic corporation organized on November 14, 1980, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villian Travis Galicin

Processed By: NEM