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(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

EP 11/24/09

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Charles L. Crane Agency Company

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," or "Certificate of Good Standing" 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:

Vicki A. Weingand

Name of Person

Charles L. Crane Agency Company

Firm/Company

100 N. Broadway, Suite 90

Address

St. Louis, MO 63102

City/State and Zip code

vickiw@craneagency.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard D. Werts

Name of Person

at ( 314 ) 241.8700

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 Cop    ☐ \$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. Charles L. Crane Agency Company

(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. Missouri 3. 43.1394059

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

(FEI number, if applicable)

4. 12.19.1985

(Date of incorporation)

5. Perpetual

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

6. 12.1.09

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

7. 100 N. Broadway, Suite 900 St. Louis, MO 63102

(Principal office address)

100 N. Broadway, Suite 900 St. Louis, MO 63102

(Current mailing address)

8. Insurance

(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: Corporation Service Company

Office Address: 1201 Hayes Street

Tallahassee

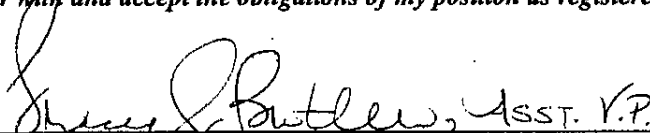
(City)

, Florida 32301

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

**A. DIRECTORS**

Chairman: R. Christopher Imbs

Address: 100 N. Broadway, Suite 900

St. Louis, MO 63102

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS**

President: Michael T. Reedy

Address: 100 N. Broadway, Suite 900

St. Louis, MO 63102

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: W. Elliot Benoist

Address: 100 N. Broadway, Suite 900 St. Louis, MO 63102

Treasurer: William K. Purcell

Address: 100 N. Broadway, Suite 900 St. Louis, MO 63102

**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. W. Elliot Benoist, Secretary

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

# STATE OF MISSOURI



Robin Carnahan  
Secretary of State

09 NOV 23 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CHARLES L. CRANE AGENCY COMPANY  
00283622

was created under the laws of this State on the 19th day of December, 1985, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 19th day of November, 2009

  
Secretary of State



Certification Number: 12307194-3 Reference: bs