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(Requestor's Name)								
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PICK-UP WAIT MAIL								
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(Business Entity Name)								
(Document Number)								
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SECRETARY OF STATE

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# **COVER LETTER**

	New Filing Section Division of Corpo				·
SUB.IF	CT: Credit Burea	au of Connecticut, Inc.			
20202		<del></del>	oration	- must include suffix	,
Dear Si	or Madam:				
"Certific	cate of Existence,"		d Stan	Authorization to Transac ding" and check are sub ss in Florida.	
Please r	eturn all correspon	dence concerning this	matter	to the following:	
William	Staplins				
		Na	me of l	Person	
Credit E	Bureau of Connecti	cut, Inc.			
		Firm	n/Com	pany	
600 Sav	w Mill Road				
			Addre	ss	
West H	aven, CT 06516				
		City/s	State ar	nd Zip code	
bstaplin	s@cbct.com		- 1.0		
		E-mail address: (to be	used fe	or future annual report r	notification)
For furtl	ner information cor	ncerning this matter, p	lease ca	all:	
William	Staplins	at ( <sup>80</sup>	0	) 243-0120 ext. 115	
	Name of Person		Area C	Code & Daytime Telepho	one Number
	STREET/COURI New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations nter Circle		MAILING A. New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations 7
		1 \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2010

WILLIAM STAPLINS 600 SAW MILL ROAD WEST HAVEN, CT 06516

SUBJECT: CREDIT BUREAU OF CONNECTICUT, INC.

Ref. Number: W10000031915

We have received your document for CREDIT BUREAU OF CONNECTICUT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 710A00016397

# 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.	Credit Bureau of Connecticut, Inc.		•		
	(Enter name of corporation; must include "INCORPORATI" Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
	(If name unavailable in Florida, enter alternate corporate na	me	adonted for the purpose of transacting busine	ss in Florid	
2.	Occupation (	3	06-0867686	,5 , 1 .0.14	,
	(State or country under the law of which it is incorporated)	, J.	(FEI number, if applicable)		
4.	January 29, 1971	5	perpetual		
•	(Date of incorporation)	•	(Duration: Year corp. will cease to exist or	"perpetual"	')
6.	July 5, 2010				
			n Florida, if prior to registration)		
		7.1:	502, F.S., to determine penalty liability)		
7.	600 Saw Mill Road; West Haven, CT 06516	1 1			
	(Principal office a	aaa	ress)		
	same as above			<u>≥</u> 8	_ವೆ
	(Current mailing a	add	ress)		
8.	Marketing agent for mortgage credit reports			25.43 25.43 25.43 26.43	9
	(Purpose(s) of corporation authorized in home state o	r co	ountry to be carried out in state of Florida)	<u>, 71</u>	3. C
9.	Name and street address of Florida registered agent: (	D. Box NOT acceptable)	STATE FLORIDA	PM 4: 55	
	Name: Paul Capobianco				O,
Oi	ffice Address: 6631 East Pointe Pine Street				
	Palm Beach Gardens		, Florida <u>33418</u>		
	(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.

(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.



APPROVILL AND FILED

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

10 JUL 19 PM 4: 55
SECRETARY OF STATE
SECRETARY OF STATE TALLAHASSEE, FLORIDA
· · · · · · · · · · · · · · · · · · ·
ation listing additional officers and/or directors.
Vice President
number 12 of the application)
person signing application)

# Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

## CREDIT BUREAU OF CONNECTICUT, INC. THE

a domestic STOCK corporation, was filed in this office on February 03, 1971, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: June 30, 2010

10 JUL 19 PM 4: 55

Business ID: 0011643 Express Certificate Number: 2010161887001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov