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(((H16000198131 3)))



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ro:

Division of Corporations

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Fax Number

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FOREIGN PROFIT/NONPROFIT CORPORATION MCP Asset Company, Inc.

Certificate of Status	0
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Page Count	06
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Help

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	MCP ASSET COMPANY,	INC.		
504,1501.	Nam	e of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign 6 f Existence," or "Certificated foreign corporation to	te of Good Stand	ling" and check are sub-	et Business in Florida," mitted to register the
Please return	all correspondence concer	ning this matter	to the following:	
Julie Abrah <mark>am</mark>		•	-	
		Name of P	erson	
Goldman, Şaci	is & Co.			
		Firm/Comp	any	
200 WEST ST	REET			
		Addres	S	
NEW YORK,	NY 10282			
		City/State an	d Zip code	
gs-legal-affilia				
	E-mail addre	ss: (to be used fo	r future annual report ne	otification)
For further int	formation concerning this	matter, please ca	l):	
Julie Abraham	Hausen	at (902-1000	
Name	of Person	Area Code	Daytime Teleph	one Number
Regis Divisi Clifto 2661 (ET/COURIER ADDRE tration Section on of Corporations in Building Executive Center Circle massee, FL 32301	SS:	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a	check for the following an	ount:		
□ \$70.00 Fili	ng Fee		\$78.75 Filing Fee & Certified Copy	S87.50 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.

MCP ASSET C	OMPANY, INC.			
(Enter name of c	orporation; must include "INCORPORATED," orp." "(nc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaile	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting b	usiness in Florida)	
2. DELAWARE	3.			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applie	cable)	
4. 01/25/2016	5.			
(Date	of incurporation)	(Date of duration, if other tha	n perpetual)	
6.				
	(Date first transacted business in F (SEE SECTIONS 607.150) & 607.150	lorida, if prior to registration) 2, F.S., to determine penalty liability)		
7 200 WEST STRE	EET, NEW YORK, NEW YORK 10282			
/·	(Principal	office address)		
				•
	(Current mailing	address, if different)		
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	C T Corporation System			***
Office Address:	1200 South Pine Island Road		<u> </u>	ا مید
	Plantation	, Florida	.75	en e
	(City)	(Zip code)	A A	ي او او چينه
9. Registered age	antis accentance		8: 5 3:87	. Alternation
	ed as registered agent and to accept service	of process for the above stated c		lace
designated in this	application, I hereby accept the appointme	nt as registered agent and agree	to act in this capac	lty. I
	omply with the provisions of all statutes rel amiliar with and accept the obligations of i		performance of my	
	Ç T Corporation Sys	• • • • • • • • • • • • • • • • • • • •		
	KINED, DO			
By:	1/10/0 10000	<u> </u>	-	
	(Registered age	ent's signature) Krietin Bolden Assistant Secreta		
10. Attached is a	certificate of existence duly authenticated, n			ion 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.

11. Names and business addresses of officers and/or directors:		•	
A. DIRECTORS SEE EXHIBIT A.	•		
Chairman:			
Address:			_
Vice Chairman:			
Address:		-	
Director:		 ,	
Address:	···		_
·			
Director:			
Address:			
B. OFFICERS			
President: SEE EXHIBIT A.			
Address:			_
Vice President:			
Address:	<u>≯</u> %	ठ	_
	# 1 P		. <u> </u>
Secretary:	77 A.	****	' -1 48 44 ' का राज्या
Address:	Tri g	226	
Treasurer:	757	.: ::	
Address:	SA	03	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	cers and/or director		
12. Abruham Hausen	cera anoror uncettor		
Signature of Director or Officer		المراجع والمراجع	
The officer or director signing this document (and who is listed in number 11 above) affirm are true and that he or she is aware that false information submitted in a document to the De a third degree felony as provided for in s.817.155, F.S.	is that the facts state continued the state of State continuent of State continuent of State continuent in the state of State contin	a hereir onstitute) 05
13. Julie Abraham Hausen, Assistant Secretary			
(Typed or printed name and capacity of person signing application))		

MCP ASSET COMPANY, INC.

List of Directors and Officers*

Name	Title
Gill, Michelle	Director
Saireddy, Maheshwar	Director
Saireddy, Maheshwar	President
Dente, Michael	Vice President
A.Kamilla, Rajiv K	Vice President
Babkow, Jonathan	Vice President
Moffitt, Steven R	Vice President
Greco, Christian T	Secretary
Kelsey, Jane M	Treasurer
Morreale, Peter	Assistant Secretary
Tropp, Matthew E	Assistant Secretary
Josselyn, Kenneth L	Assistant Secretary
Hausen, Julie	Assistant Secretary
Datta, Rajashree	Assistant Treasurer
Kelsey, Jane M	Assistant Treasurer
Frivoid, Kirsten A	Assistant Treasurer
Bunson, Steven M	Assistant Treasurer
Chin, Getty	Assistant Treasurer
Greco, Christian T	Assistant General Counsel

^{*}Address for those listed above is 200 West Street, New York, NY 10282.

SECNE ACCUSINE

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MCP ASSET 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 TWENTIETH DAY OF JULY, A.D. 2016.

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

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

at corp delawate gov/aul

Authentication: 202688733

Date: 07-20-16

5946660 8300

SR# 20164989832

You may verify this certificate online at corp.delaware.gov/authver.shtml