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APR 03 2017

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

HSB Secure Services, Inc.

SUBJECT: _____
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:

Roberta A. O'Brien

Name of Person

The Hartford Steam Boiler Inspection and Insurance Company

Firm/Company

One State Street, P. O. Box 5024

Address

Hartford, CT 06102-5024

City/State and Zip code

cathy_uhlman@hsb.com

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

For further information concerning this matter, please call:

Cathy Uhlman

860

722-5319

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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 Copy

☐ \$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.**

HSB Secure Services, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Connecticut 3. 06-1120606
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/07/1984 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. One State Street, Hartford, CT 06102-5024
(Principal office address)
One State Street, P. O. Box 5024, Hartford, CT 06102-5024
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.
Office Address: 155 Office Plaza Drive, Suite A
Tallahassee, Florida 32301
(City) (Zip code)

9. 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.



Adam Saldana, Asst. Secretary

(Registered agent's signature)

10. 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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Please see attached list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see attached list

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Carl A. O. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Roberta A. O'Brien, Secretary

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

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DEPARTMENT OF STATE
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

HSB SECURE SERVICES, INC.

Question #11 A. & B.

DIRECTORS:

Peter Richter
One State Street
Hartford, CT 06102-5024

David Mercier
One State Street
Hartford, CT 06102-5024

William M. Heckles
One State Street
Hartford, CT 06102-5024

Roberta A. O'Brien
One State Street
Hartford, CT 06102-5024

Wade Bolin
One State Street
Hartford, CT 06102-5024

OFFICERS:

Anthony Trivella, Chief Executive Officer
One State Street
Hartford, CT 06102-5024

Peter Richter, Chief Financial Officer
One State Street
Hartford, CT 06102-5024

Michael Long, Treasurer
One State Street
Hartford, CT 06102-5024

Amy Brodeur, Chief Accounting Officer
One State Street
Hartford, CT 06102-5024

Roberta A. O'Brien, Corporate Secretary
One State Street
Hartford, CT 06102-5024

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CORPORATE SECRETARY
STATE OF FLORIDA
TALLAHASSEE

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

HSB SECURE SERVICES, INC.

a domestic STOCK corporation, was filed in this office on December 07, 1984, 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: February 06, 2017