

F21000005433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**FOREIGN INC**

1. **CONFERENCE OF STATE BANK SUPERVISORS, INC.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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Commissioner Russell C. Weigel, III

VIA ELECTRONIC MAIL

September 21, 2021

John Gorman – General Counsel  
Conference of State Bank Supervisor  
1129 20<sup>th</sup> Street, NW, 9<sup>th</sup> Floor  
Washington, DC 20036

Re: Conference of State Bank Supervisors, Inc.

Dear Mr. Gorman:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Conference of State Bank Supervisors, Inc.) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. The company will also not engage in business purporting to be a financial institution. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state. Should the name become confusing to the public, future modifications may be necessary.

Sincerely,

Russell C. Weigel, III  
Commissioner  
Office of Financial Regulation

RCW:jrr

cc: Gina McLeod, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State

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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. **CONFERENCE OF STATE BANK SUPERVISORS, INC.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Washington D.C. 3. 52-2080072  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/04/2013 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1129 20th Street, N.W. 9th Floor, Washington, DC 20036  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Support state banking supervisors and state banks  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Registered Agent Solutions, Inc.  
Office Address: 155 Office Plaza Dr., Suite A  
Tallahassee, Florida 32301  
(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.*



Adam Saldana, Asst. Secretary

\_\_\_\_\_  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS

☒ Chairman Name: Melanie Hall  
☐ Vice Chairman Address: 1129 20th Street, N.W.  
☐ Director 9th Floor  
☐ President Washington, DC 20036  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Lise Kruse  
☒ Vice Chairman Address: 1129 20th Street, N.W.  
☐ Director 9th Floor  
☐ President Washington, DC 20036  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

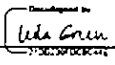
☐ Chairman Name: Thomas Fite  
☐ Vice Chairman Address: 1129 20th Street, N.W.  
☐ Director 9th Floor  
☐ President Washington, DC 20036  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other: Chair-Elect ☐ Other: \_\_\_\_\_

☐ Chairman Name: Charles Clark  
☐ Vice Chairman Address: 1129 20th Street, N.W.  
☐ Director 9th Floor  
☐ President Washington, DC 20036  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☒ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Leila Green  
☐ Vice Chairman Address: 1129 20th Street, N.W.  
☐ Director 9th Floor  
☐ President Washington, DC 20036  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other: CFO ☐ Other: \_\_\_\_\_

☐ Chairman Name: Tony Salazar  
☐ Vice Chairman Address: 1129 20th Street, N.W.  
☐ Director 9th Floor  
☐ President Washington, DC 20036  
☐ Vice President \_\_\_\_\_  
☒ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Leila Green CFO  
 (Typed or printed name and capacity of person signing application)

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
CORPORATIONS DIVISION



**C E R T I F I C A T E**

**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this ***CERTIFICATE OF GOOD STANDING*** is hereby issued to

CONFERENCE OF STATE BANK SUPERVISORS, INC.

**WE FURTHER CERTIFY** that the domestic entity is formed under the law of the District on 11/04/2013 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

**IN TESTIMONY WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed as of 9/13/2021 4:28 PM

Business and Professional Licensing Administration



*Josef G. Gasimov*

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JOSEF G. GASIMOV  
Superintendent of Corporations,  
Corporations Division

Muriel Bowser  
Mayor

Tracking #: 1iQ3L2yB