

FL 5000002754

(901) 664-6844
FAX (901) 664-6162

May 26, 1995

Secretary of State's Office
Corporation Division
State of Florida
409 East Gaines
Tallahassee, Florida 32399

400001507624
-06/07/95--01085--003
*****43.75 *****43.75

Dear Sir/Madam:

Enclosed please find the necessary documents to qualify Hinchcliff International, Inc. to do business in your state.

I trust this letter and the enclosed documents places them in compliance with your Statutes. I have enclosed additional fees for a Certificate to be issued. If any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Cindi Abazajian

Cindi Abazajian
Initial Licensing Division

CA/

Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN - 8 AM 8:51

HL6/8

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Hincheliff International, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)

2. New York 3. 13-2611977
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 14, 1968 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 11 Ascot Place
Ithaca, NY 14850
(Current mailing address)

8. The corporation is presently in the business of insurance, functioning as a
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
third party administrator.

9. Name and street address of Florida registered agent:

Name: Insurance Commissioner
Office Address: Capitol
Tallahassee, Florida, 32399-0300
(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.*

Insurance Commissioner
(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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN - 8 AM 8:51

Hinchcliff International, Inc.

OFFICERS

David Henry Hinchcliff
335 Lake Forest Drive, SW
Pinehurst, NC 28374

President/CEO

Raymond Lynn Maki
476 Van Buskirk Gulf Road
Newfield, NY

Vice President

Lydia Esther Neiss
521 Irish Settlement Road
Freeville, NY 10368

Executive Vice President

Frederick McClure Seifert
2 Addison Drive
Pottersville, NJ

Sr. Executive Vice President/COO

Ann Lyster Hinchcliff
335 Lake Forest Drive, SW
Pinehurst, NC 28374

Secretary/Treasurer

DIRECTORS

John Moss Hinchcliff
202 Sunrise Road
Ithaca, NY

Director

Anny Lyster Hinchcliff

Director

David Henry Hinchcliff

Director

Frederick McClure Seifert

Director

SHAREHOLDERS

Ann Lyster Hinchcliff, 63%

David H. Hinchcliff, 37%

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

A. DIRECTORS

SEE ATTACHED

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHED

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

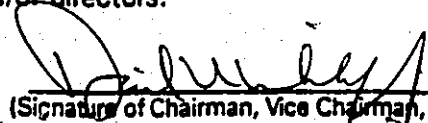
Address: _____

Treasurer: _____

Address: _____

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

13.



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

14.

David H. Hinchcliff, President

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

State of New York
DEPARTMENT OF STATE }ss.:

IT IS HEREBY CERTIFIED, *that* I have made diligent examination of the index of corporation papers filed in this Department for a certificate, order or record of a dissolution of

HINCHCLIFF INTERNATIONAL, INC.

the certificate of incorporation of which was filed on May 14, 1968, with perpetual duration. I further certify that no certificate of dissolution has been filed, and that such corporation is still a subsisting corporation,

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN - 8 AM 8:52

WITNESS my hand and the official seal of the
Department of State at the City of Albany,
this 18th day
of May one thousand
nine hundred and ninety-five

Alexander F. Freedwell

Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -9 AM 10: 04

DOCUMENT # **F95000002754 (8)**

1. Corporation Name

HINCHCLIFF INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

11 ASCOT PLACE
ITHACA NY 14850

11 ASCOT PLACE
ITHACA NY 14850

3. Date Incorporated or Qualified
06/06/1995

3a. Date of Last Report

4. FEI Number
13-2611977

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is **260001950848**)
83 **-09/18/96 --01085--016**
84 ******375.00 ****375.00**
85 City **FL** 86 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input checked="" type="checkbox"/> DELETE
NAME	HINCHCLIFF, DAVID H	
STREET ADDRESS	335 LAKE FOREST DRIVE, SW	
CITY-ST-ZIP	PINEHURST NC 28374	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	HINCHCLIFF, ANNY L	
STREET ADDRESS	335 LAKE FOREST DRIVE, SW	
CITY-ST-ZIP	PINEHURST NC 28374	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MAKI, RAYMOND L	
STREET ADDRESS	476 VAN BUSKIRK GULF ROAD	
CITY-ST-ZIP	NEWFIELD NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEISS, LYDIA E	
STREET ADDRESS	521 IRISH SETTLEMENT ROAD	
CITY-ST-ZIP	FREEVILLE NY 13068	
TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	SEIFERT, FREDERICK M	
STREET ADDRESS	2 ADDISON DRIVE	
CITY-ST-ZIP	POTTERSVILLE NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HINCHCLIFF, JOHN M	
STREET ADDRESS	202 SUNRISE ROAD	
CITY-ST-ZIP	ITHACA NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President - CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gerald W. Hopkins	
1.3 STREET ADDRESS	10530 Rosehaven Street	
1.4 CITY-ST-ZIP	Fairfax, VA	
2.1 TITLE	John F. Shettle - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	411 Aviation Way	
2.3 STREET ADDRESS	Frederick, MD 21701	
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sabrina Gilbert	
3.3 STREET ADDRESS	10530 Rosehaven Street	
3.4 CITY-ST-ZIP	Fairfax, VA 22030	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	9C 9-13	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sabrina Gilbert* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/96
Date

703-SK-7800
Daytime Phone #

CR2034 (3/96)