

# F95000003664

Document Number

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

500001548635

-07/28/95--01010--026

\*\*\*\*\*35.00 \*\*\*\*\*35.00

500001548635

-07/28/95--01010--027

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Worford Clearing Services Corporation

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

☐ CUS/ G/S

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00

7/28/95

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FILE STAMPED

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
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. Woxford Clearing Services Corporation

(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. Delaware

(State or country under the law of which it is incorporated)

3. 13-3804783

(FEI number, if applicable)

4. December 28, 1994

(Date of incorporation)

5. Perpetual

(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 817.156, F.S.))

7. One New York Plaza - 11th Fl., New York, New York 10292-2011

(Current mailing address)

To engage in any lawful act or activity for which corporations may be organized  
under the laws of the state of Florida including acting as a clearing firm.

8. \_\_\_\_\_

(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:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine  
Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

Connie Bryan  
(Registered agent's signature) (Officer)

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

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.

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

A. DIRECTORS

Chairman: see attached list of directors

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: see attached list of directors

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: see attached list of officers

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. Nathalie P. Maio 7/19/95  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Nathalie P. Maio, Secretary  
(Typed or printed name and capacity of person signing application)

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
Robert C. Golden	Chairman of the Board	One Seaport Plaza, New York, NY 10292
Edward Schlitzer	President	One New York Plaza, New York, NY 10292
Gregory W. Scott	Chief Financial Off.	One Seaport Plaza, New York, NY 10292
Elizabeth W. Castagna	Treasurer	One Seaport Plaza, New York, NY 10292
Peter Patricola	Vice President	One Seaport Plaza, New York, NY 10292
Joseph A. Finn	Vice President	One Seaport Plaza, New York, NY 10292
Nathalie P. Maio	Secretary	One Seaport Plaza, New York, NY 10292
Lisa J. Finnell	Assistant Secretary	One Seaport Plaza, New York, NY 10292

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**NAME****TITLE****BUSINESS ADDRESS**

Alan D. Hogan

Director

One Seaport Plaza, New York, NY 10292

Robert C. Golden

Director

One New York Plaza, New York, NY 10292

Lee B. Spencer, Jr.

Director

One Seaport Plaza, New York, NY 10292

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2025 03 07 12:07

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEXFORD CLEARING SERVICES CORPORATION" 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 TWENTY-SIXTH DAY OF JULY, A.D. 1995.

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

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



  
\_\_\_\_\_  
Edward J. Freel, Secretary of State

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AUTHENTICATION:

7585787

DATE:

07-26-95