1201 Ilars Statt Tallallamit, II 12101 B 0 0 - 3 4 2 - B networks	3843
REFERENCE 1 656355 8690	
COST LINIT 1 \$ 70.00	
ORDER DATE : August 9, 1995 ORDER TIME : 10:10 AM ORDER NO. : 656355 CUSTOMER NO: 86901E CUSTOMER: Ms. Caroline Greiber Prentice Hall Legal & Suite :02 11 South 12th Street Richmond, VA 23219	100001556181
FOREIGN FILINGS	
NAME: LIEBER II CORP.	·
XX PROFIT XX CORPORATE NON-PROFIT LIMITED PAR' XX QUALIFICATION	TNERSHIP 95 AUG
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Debbie Skipper	-9 MII: 45 3/9

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

3

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:

١.	Lieber II Corp	. ,*				
	(Nama of corporation: must abbraviations of like import or partnership if not so cont	t include the word "NC in language as will cler bloed in the name at p	ORPORATED", " vily indicate that i resent.)	COMPANY**CORPO it is a corporation inst	ad of a natur	ords or at porson
2. (<u>New York</u> Sum or country under the l	aw of which it is incorp	3, orated) (F	56–1872375 El numbor, if applica	bla)	
4.	3/7/94		Perpetu	al		
	3/7/94 (Date of Incorporation	n)	(Duration: Yea	r corp. will cease to e	xist or "perpet	ນລໄງ 🚊
6.	Upon Qualifica	ation				93 No.
-,	Date first transacted busine	ss in Florida, (See secto	na 607,1501, 607,150	02, and 817.155, F.S.)		語言語
7.	2500 Westche	ster Avenue				
	;			<u> </u>		0 32m
	Purchase, Ne	w York 10577				
		(Current mailing addre	85}			= 1
8.	General Partner under 1940 A	of Investmen ct: Securitie	t Advisor <u>s Broker/d</u>	to investment ealer	company	registered
	(Purpose(s) of corporation	n authorized in home s	tate of country to	be carried out in the	state of Florid	la)
9.	Name and street ad Name:	dross of Florida r The Prentice-Na System, Inc.	egistered age 11 Corporati	ent: .on		
		1001 11 5:				
	Office Address:	1201 Hays Stree	t, Suite 105) 		
		Tallahassee		, Florida , _	32301	
					(Zip Code)	1

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.

The Prentice-Hall Corporation System, Inc. By: Maria A. Harris (Registered agent's signature)

Marcia A. Havner, Assi. Sec. 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.

*Lieber II Corp. is one of two general partners of Lieber & Company, a broker/dealer registered with the Securities and Exchange Commission. ames and addresses of officers and/or directors:

1

Chairman: Barbara J. Colvin Addross: 301 S. College Street Charlotte. North Carolina 28288 Vice Chairman: Richard K. Wagoner Addross: 301 S. College Street Charlotte, North Carolina 28288 Director: Marion A. Cowell, Jr. Address: 301 S. College Street Charlotte, North Carolina 28288 Director: Marion A. Cowell, Jr. Address: 301 S. College Street Charlotte, North Carolina 28288

B. OFFICERS

President:	Richard K. Wagoner
Address:	301 S. College Street
·	Charlotte, North Carolina 28288
Vice President:	Robert L. Andersen
Address:	301 S. College Street
. <u> </u>	Charlotte, North Carolina 28288
Secretary:	Kent S. Hathaway
Address:	301 S. College Street
	Charlotte, North Carolina 28288
Treasurer:	Jim H. Hatch
Address:	301 S. College Street
	Charlotte, North Carolina 28288
	-

55 AUE -9 ANU:

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

A. anderson 13.

14.

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

Robert L. Andersen, Senior Vice President (Typed or printed name and capacity of person signing application)

State of New York | ss: Department of State

I hereby cortify, that the certificate of incorporation of LIEBER II CORP. was filed on 03/07/1994, under the name of FIRST UNION LIEBER II CORP., with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Cortificate of Amendmont FIRST UNION LIEBER II CORP., changing name to LIEBER II CORP., was filed 06/22/1994.

Witness my hand and the official seal Witness my hand and the official seal Nofithe Department of State at the City of Albany, this 04th day of August None thousand nine hundred and A ninety-five T * Secretarized State NENT

199508070103

FILED STALE SECRETARY OF STALE DIVISION OF COSPONITION 95 AUG - 9 ANNI: 46

		· .
r	15 OFFICE OF THE COMPTROLEER APPLICATION FOR REFUND	
Section 215.26, the Comptrolle: else such right into the State tre wavenment whi	Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with r, except as objervise provided herein, within J years after the right to such refund shall have accrued shall be barred." Three years is generally interpreted as meaning three years from the date of payment assury. The Comptroller has delegated the authority to accept applications for refund to the unit of State ch initially collected the money.	
Pursuant to the	provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or *, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are . The following information is submitted to substantiate the claim.	
Name:	.ieber <u>IL</u> Corp EIN or SS#: <u>56-1872375</u>	
Address:	Two First Union Center 0200	
	_ Charlotte, NC 28288-0200	
Amount: 🔔	25 Date Paid 8-6-96	
Reason for clai	m: <u>F9500003843</u> . <u>duplicate</u>	
file	get the the	
	Cuples Alas nel	
Certified true	and correct this 24 day of Nou , 19 96.	
Sig	nature	
Sig		
Sig • Must be com	ature authority is offer man Section 215.26, Florida Statutes.	
Sig • Must be con Agency recom	nature apleted if authority is other than Section 215.26, Florida Statutes. For Agency Use Only mends approval of above claim and submits the following information to	
Sig • Must be com Agency recom substantiate th The amount re	nature pleted if authority is only man Section 215.26, Florida Statutes. For Agency Use Only mends approval of above claim and submits the following information to the claim: Amount of recommended refund S quested above was originally deposited into the State Treasury, as a part of the funds deposited on	
Sig • Must be com Agency recom substantiate th The amount re	nature pleted if authority is other man Section 215.26, Florida Statutes. For Agency Use Only mends approval of above claim and submits the following information to a claim Amount of recommended refund 2	
Sig • Must be com Agency recom substantiate th The amount re	nature pleted if authority is one man Section 215.26, Florida Statutes. For Agency Use Only mends approval of above claim and submits the following information to e claim: quested above was originally deposited into the State Treasury. as a part of the funds deposited on r's Receipt No. 1403 D2 Dated 8-6-16	
Sig • Must be corr Agency recorr substantiate th The amount re State Treasure Name of Acco	nature pleted if authority is one man Section 215.26, Florida Statutes. For Agency Use Only mends approval of above claim and submits the following information to e claim: Amount of recommended refund S 200 quested above was originally deposited into the State Treasury. as a part of the funds deposited on r's Receipt No. 11002 D2 Dated 8000000000000000000000000000000000000	
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Sign • Must be corr Agency recorr substantiate the The amount recorr State Treasure Name of Accorr Statutory Auth	nature pleted if authority is one man Section 215.26, Florida Statutes. For Agency Use Only mends approval of above claim and submits the following information to e claim: Amount of recommended refund S 200 quested above was originally deposited into the State Treasury. as a part of the funds deposited on r's Receipt No. 11002 D2 Dated 8000000000000000000000000000000000000	
Sign • Must be corr Agency recorr substantiate the The amount recorr State Treasure Name of Accorr Statutory Auth	hature that payment be made from the following account:	
Sig • Must be corr Agency recom substantiate th The amount re State Treasure Name of Acco Statutory Auth It is requested NAME OF AC	hature the payment be made from the following account:	· · ·
Sig • Must be corr Agency recom substantiate th The amount re State Treasure Name of Acco Statutory Auth It is requested NAME OF AC	hature that payment be made from the following account:	···
Sig Must be corr Agency recom substantiate th The amount re State Treasure Name of Acco Statutory Auth It is requested NAME OF AC Certified true	hature the payment be made from the following account:	···

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