# F95000004117

| (Requestor's Na   | Puma col                                   |                                                     |                                                                        |
|-------------------|--------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------|
| (Address)         |                                            | OFFICE USE ONLY                                     |                                                                        |
| (City, State, Zij | ) (Phone #)                                | OTTIGE ODE OTTE                                     |                                                                        |
|                   |                                            | J IDICE<br>-08/24<br>****1                          | 000 1 556565563 1<br>1786 -01061001<br>22.50 -++++122.50<br>W95 -(1117 |
| CORPORATION NAM   | ие(s) & DOCUMENT NUM                       | IBER(S) (If known):                                 |                                                                        |
| 1. Corporat       | al Poinces don Name)                       | (Document #)                                        | <u> </u>                                                               |
| 3.                | ,                                          | (2003)                                              |                                                                        |
| (Corporati        | on Name)                                   | (Document #)                                        |                                                                        |
| Walk in Pi        | ion Name) ick up time  Vill wait Photocopy | (Document #)  Cortified Copy  Certificate of Status | AECEIVED AUG 24 ANTI: 36                                               |
| NEW FILINGS       | AMENDMENTS                                 |                                                     | अह                                                                     |
| Profit            | Amendment                                  |                                                     | ×                                                                      |
| NonProfit         | Resignation of R.A., Office                | r/Director                                          | SS 55.                                                                 |
| Limited Liability | Change of Registered Agen                  | it                                                  | SIV 55                                                                 |
| Domestication     | Dissolution/Withdrawal                     |                                                     | 2 TE 8.15                                                              |
| Other             | Merger                                     |                                                     |                                                                        |
|                   |                                            |                                                     | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)                                |
| OTHER FILINGS     | REGISTRATION/<br>QUALIFICATION             |                                                     | <b>4 1 1 1 1 1 1 1 1 1 1</b>                                           |
| Annual Report     | Foreign                                    |                                                     | • ;                                                                    |
| Fictitious Name   | Limited Partnership                        |                                                     |                                                                        |
| Name Reservation  | Reinstatement                              |                                                     |                                                                        |
|                   | Trademark                                  | <u> </u>                                            | a                                                                      |
| CB3E031(10/03)    | Other                                      | Examiner's                                          | i initials                                                             |



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 24, 1995

SUNSTATE RESEARCH

SUBJECT: IMPERIAL BUSINESS CREDIT, INC.

Ref. Number: W95000017112

We have received your document for IMPERIAL BUSINESS CREDIT, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been liled and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501, F.S., must be set forth in section 6 of the application. If the corporation has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office is required to collect the minimum civil penalty of \$500 for each year other than the application filling year, that a foreign corporation transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 195A00039610

# 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:

| 1. Lipportal Business Croits. The (Name of corporation: must include the word "INCORPORATED", "COMF abbreviations of like importin language as will clearly indicate that it is a or partnership if not so contained in the name at present.)                                                                                                                                                                                                                                                                                                               | ANY","CORPOI<br>corporation inst                          | RATION" or words<br>ond of a natural p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or<br>orson    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 2. California 3. 33-060 (State or country under the law of which it is incorporated)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| 45/26/95 5(Duration: Year corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | pepotual.                                                 | xist or "perpetual"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del></del>    |
| 6(Date first/transacted business in Florida. (See sections 007.1501, 007.1502, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •              |
| 7. <u>20371 Irvine Ave, #104,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| Santa Ana Heights, CA 92707<br>(Current mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| (Current mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| 8. equipment leasing  (Purpose(s) of corporation sutherized in home state or country to be c                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | (O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <br>21         |
| 9. Name and street address of Florida registered agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | arried out in the                                         | state of Florida)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |
| Name: CorpAmerica, Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           | ू <b>ै</b><br>ज़ुर्                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -              |
| Office Address: 1525 S. Andrews Ave. #216                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           | 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
| Fort_Lauderdale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _ , Florida , .                                           | 33316<br>(Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |
| 10. Registered agent's acceptance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| Having been named as registered agent and to accept service corporation at the place designated in this application, I her registered agent and agree to act in this capacity. I further agred all statutes relative to the proper and complete performance with and accept the obligations of my position as registered agent and accept the complete complete performance with and accept the obligations of my position as registered agent and the complete performance with and accept the obligations of my position as registered agent's signature) | reby accept to<br>ree to comply<br>e of my dutie<br>ment. | he appointment with the provision of the | nt as<br>sions |

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.

Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) 12. DIRECTORS (Street address only- P. O . Box NOT acceptable) λ, SSEE ATTACHED LIST Chalrman: \_\_\_\_\_ Addross: Vice Chairman: Address: \_\_\_\_\_ Director: \_\_\_ Address: \_\_\_\_\_ Director: Address: \_\_\_\_ B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: 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. 13. on the of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. ∫ Philip Walden, President (Typed or printed name and capacity of person signing application)

#### IMPERIAL BUSINESS CREDIT, INC.

#### DIRECTORS

Name and Address Social Security #

H. Wayne Snavely 20371 Irvine Ανο. #104 Santa Ana Heights, CA 92707 564-50-1929

Larry Miller 20371 Irvine Ave. #104 Santa Ana Heights, CA 92707 460-72-0823

Stephen Shugerman 12300 Wilshire Blvd. Los Angeles, CA 90025 177-36-4330

OFFICERS:

President:

Phillip A. Walden
16935 W. Bernardo Dr.
Suite 150

475-36-7451

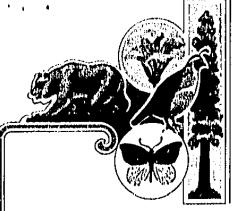
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San Diego, CA 92127 398-46-0859

Anthony E. Maniscalco II 16935 W. Bernardo Dr. Suite 150

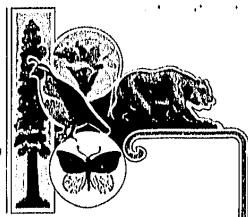
Secretary/Treasurer:

San Diego, CA 92127



# State of California

SECRETARY OF STATE



## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

| That on the | 26th | _day of | , | Me | ıy, | 19 | 95 |
|-------------|------|---------|---|----|-----|----|----|
|             |      |         |   |    |     |    |    |

IMPERIAL BUSINESS CREDIT, INC.

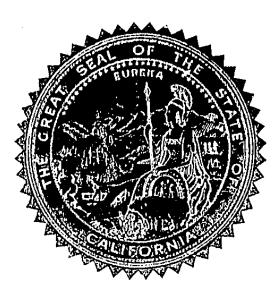
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July, 1995.

BILL JONES Secretary of State an SEGGERY TO SE

SEC/STATE FORM CE-112 (REV. 1-95)

| CONT/q:T:                                  | F95000                                            | 004117                                                         |
|--------------------------------------------|---------------------------------------------------|----------------------------------------------------------------|
| OFFICE USE ONLY (Document #)               |                                                   | 2                                                              |
| UCC FILING & SEARCH SERVICE                | , , , , , , , , , , , , , , , , , , ,             |                                                                |
| (Requestur's Namo)                         |                                                   |                                                                |
| 526 EAST PARK AVENUE (Address)             |                                                   | 96/24/9601052002<br>-06/24/9601052002<br>*****35.00 *****35.00 |
| TALLAHASSEE FL 32301<br>(City, State, Zip) | (904) 681-6528<br>(Phono #)                       | OFFICE USE ONLY                                                |
| CORPORATION NAME(S) &                      | DOCUMENT NUMBER(S) (If know                       | wn):                                                           |
| 1 _ mperial                                | Business Ceclit                                   | (Document #)                                                   |
| (Corporation Name)                         |                                                   | (Docamant w)                                                   |
| (Corporation Name)                         |                                                   | (Document #) No. 16                                            |
| (Corporation Name)                         |                                                   | (Document #)                                                   |
| (Corporation Name)                         |                                                   | (Document #)                                                   |
| Walk In                                    | Pick Up Time                                      | Certified Copy                                                 |
| Mail Out                                   |                                                   | Certificate of Good Standing                                   |
| Will Wait                                  |                                                   | ARTICLES ONLY  ALL CHARTER DOCS                                |
| Photocopy                                  |                                                   | ALL CHARTER DOCS                                               |
| Profit                                     | Amendment                                         | Certificate of FICTITIOUS NAME                                 |
| NonProfit                                  | Resignation of R A, Officer/Director              | TRIOTITIQUE NAME CEARCH                                        |
| Limited Liability  Domestication           | Change of Registered Agent Dissolution/Withdrawal | FICTITIOUS NAME SEARCH                                         |
| Other                                      | Merger                                            | CORP SEARCH                                                    |
| OTHER FILINGS                              | REGISTRATION/QUALIFICATION                        | ·                                                              |
| Annual Report                              | Foreign                                           | HOLD FOR                                                       |
| Fictitious Nome                            | Limited Partnership                               | PICKUP BY                                                      |
| Name Reservation                           | Reinstatement                                     | UCC SERVICES N HENDRICKS JUN 2 4 1996                          |
|                                            | Trademark                                         |                                                                |
|                                            | Other                                             | Examiner's Initials                                            |

#### Florida Department of State, Sandra B. Mortham, Soc stary of State

### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of California submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: \_\_\_\_IMPERTAL BUSINESS CREDIT. INC. 1b. The mailing address of the corporation is: 1c. Date of incorporation: 8/25/95 Document number: F9500000411 The name and address of the current registered agent and office: CorpAmerica, Inc. 1525 S. Andrews Avenue, Suite 216 Fort Lauderdale, FL 33316 3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) Nationscorp Registered Agents, Inc. 526 E. Park Avenue Tallahassee, FL 32301 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board. May 7, 1996 (Signature of an brincer, chairman or Anthony E. Maniscalco, N - Senior VP/Secretary (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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. (Signature of Registered Agent) If signing on behalf of an entity: President Ed Hand (Capacity) (Typed or Printed Name)

FILING FEE: \$35.00