

F9 5000005044

oh Road
148075
033
9034

October 10, 1995

Dear Sir/Madam:

500001612625
-10/17/95-01050--006
****70.00 ****70.00

RE: ARGONAUT HOLDINGS, INC.

Pursuant to instructions of counsel, we enclose for filing on behalf of the above corporation documents identified below:

<input type="checkbox"/> Incorporation	<input checked="" type="checkbox"/> Qualification	<input type="checkbox"/> Withdrawal
<input type="checkbox"/> Amendment:	<input type="checkbox"/> Merger:	<input type="checkbox"/> Change of Agent/Office:
<input type="checkbox"/> Domestic	<input type="checkbox"/> Domestic	<input type="checkbox"/> Domestic
<input type="checkbox"/> Foreign	<input type="checkbox"/> Foreign	<input type="checkbox"/> Foreign
<input type="checkbox"/> Dissolution		<input type="checkbox"/> Other:
<input type="checkbox"/> Statement of Intent		
<input type="checkbox"/> Certificate of Dissolution		

Check in payment of the required fee is enclosed. Kindly return evidence of the filing to the undersigned. If there are any problems, please call us at the following number: (810) 646-9033.

Very truly yours,

Michael R. Dalida
Customer Specialist

MRD/cb
Enc.

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

10/17
5 OCT 16 PM 1:23
DIVISION OF CORPORATIONS
SECRETARY OF STATE

**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. Argonaut Holdings, 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. Delaware

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

3. _____

(FEI number, if applicable)

4. July 19, 1926

(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. 3031 W. Grand Blvd., Detroit, Michigan 48202

(Current mailing address)

Acquire, develop, manage, and operate real property; engage in real estate transactions; and engage in other lawful acts or activities for which it is organized to do business.

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

[Signature]

(Registered agent's signature) (Officer)

SHARON L. GANNAV - ASST. VP

(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: See attached list of directors

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

14. Matthew P. Cullen, President
(Typed or printed name and capacity of person signing application)

**OFFICERS AND DIRECTORS
OF
ARGONAUT HOLDINGS, INC.**

<u>NAME</u>	<u>OFFICE</u>
Matthew P. Cullen	President & Director
Sandra J. Donovan	Secretary
Thomas T. Hoskins, III	Director
Carole A. McCabe	Director
Roch X. McClain	Director
William E. L. Powell	Director
Edward K. Roggenkamp, III	Director
James A. Rousseau	Director
David A. Skiven	Director

Same Address for all: 3031 W. Grand Blvd., Detroit, Michigan 48202

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARGONAUT HOLDINGS, INC." 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 FIFTH DAY OF OCTOBER, 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.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 OCT 15 PM 1:23



Edward J. Freel

Edward J. Freel, Secretary of State

0203804 8300

950228863

AUTHENTICATION:

DATE:

7665434

10-05-95