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| Requestor's Namo 'TALLANASSEE', FL 3230 | | | | |
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| Acknowledgment | | | | |
| M.D. Varillar | | • | • | FILED STATE SECRETARY OF STATE ISSUIT OF CORPORATIONS 6 OCT 15 PM 2: 09 |
| W.P. Verifier | | | | |

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1803, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | Priodman, Billings, Ramsey & Co., 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. | Dolawaya |
| | (State or country under the law of which it is incorporated) 3. <u>opplied for</u> (FEI number, if applicable) |
| 4. | June 1989 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 817.156, F.S.)) |
| 7. | Potomac Tower, 18th Floor, 1001 19th Street North |
| | Arlington, VA 22209 |
| | (Current mailing address) |
| 8. | Any lawful act or activity. |
| | (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: CT CORPORATION SYSTEM |
| | Office Address: c/o C T Corporation System, 1200 South Pine Island Road 문학 |
| | Plantation , Florida, 33324 8 2 |
| | |
| 10 | . Registered agent acceptance: |
| coi reg all | ving been named as registered agent and to accept service of process for the above stated reporation at the place designated in this application. I hereby accept the appointment as distered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with discount the obligations of my position as registered agent. |
| | CT CORPORATION SYSTEM Mauline Kino |
| | (Registered agent's signature) (Officer) |
| | Marilyn Lizzio - 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: | Emanuol J | · Fri | edman | | | | 1 | |
|-------------|-------------|------------|---------|-------|--------|------|--|-------------------|---------------------------------------|
| | Address: | Potomao " | ower, | 18th | Floor, | 1001 | 19th | Street | North |
| , | | Arlington | , VA | 2220 | 9 | | | | |
| ı | Vice Chair | man: Eric | F. Bi | lling | 3 | , | ' | | |
| | Address: _ | Potomac T | ower, | 18th | Floor, | 1001 | 19th | Street | North |
| | _ | Arlington | , VA | 22209 |) | | | | |
| | Director: _ | W. Russel | Ram | sey | | | | | |
| | Address: _ | Potomac To | ower, | 18th | Floor, | 1001 | 19th | Street | North |
| | | Arlington | , VA | 22209 |) | | | | |
| | Director: | | | | | | و و در | | |
| | Address: _ | | | | | | | | |
| | _ | | | | | | | e e | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| B. OFFICERS | i | | | | | | | | |
| : | President: | W. Russell | Rams | ey | | | | | |
| | Address: _ | Potomac To | wer, | 18th | Floor, | 1001 | 19th | Street | North |
| | | Arlington, | VA | 22209 | | | | | |
| | Vice Presid | lent: | · · · · | | | | | | |
| | Address: _ | | | | | | Marin Igin | e essi de la como | |
| | _ | | | | D. | | | | |
| | Secretary: | W. Russell | Rams | ey | | | ::: | | |
| | Address: _ | Potomac To | wer, | 18th | Floor, | 1001 | L9th | Street | North |
| | | Arlington, | - | , | | | | | |
| | | | | | | | | | |

| | Treasurer: Wric Y. Gonorous | | | | | | | |
|---------------------------|-----------------------------|--------------------------------|-----------|-------------|---------|-------------|-------------|-------------|
| | Addressi _ | Potomac Tower, | 18¢h | Floor, | 1001 | 19th Bt | roet Nor | <u>th</u> |
| | | Λ rlington, $V\Lambda$ | 22209 | • | | W / | | |
| NOTE: If ne and/or direct | acessury, yo tors. | u may attach an ad | ldendur | n to the | applica | tion llatin | g addition | al officers |
| (Signature | of Chairman | , Vice Chairman, or a | ny office | r listed in | numbe | r 12 of the | application | 1) |
| 14 Emany | iel J. Fri | <u>odman, Chairman</u> | | | | | | |
| (Typed or | printed name | and capacity of pers | on sigņi | ng applic | tion) | • | | |

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRIEDMAN, BILLINGS, RAMSEY & CO., 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 ELEVENTH DAY OF OCTOBER, A.D. 1996.

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 CORPORATION OF STATE OF ST



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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10-11-96

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