

PLEASE READ-ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL 25 PM 4:07

DOCUMENT # F97000006326

1. Corporation Name

Fitch, Inc. DBA Fitch Ratings, Inc.

2. Principal Office Address

One State Street Plaza

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10004

Country

USA

3. Mailing Office Address

One State Street Plaza

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/97

5. FEI Number

13-3974563

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

7/22/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Stephen W. Joynt	One State Street Plaza	New York, NY 10004
T	David B. Kennedy	One State Street Plaza	New York, NY 10004
VP	Charles D. Brown	One State Street Plaza	New York, NY 10004
C	Marc Ladreit de Lacharrière	One State Street Plaza	New York, NY 10004
S	Véronique Morali	One State Street Plaza	New York, NY 10004

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

7/20/05 (212) 908-0626