To: Qualification/Tax Lien Section Division of Corporations

SUBJECT:	The Continental (Name		e, Inc. n-must include suffix)						
Dear Sir or Madar	n:								
The enclosed "Ap "Certificate of Extransact business i	istence", and check are su	poration for Anibmitted to re	Authorization to Transact Business gister the above referenced foreig	s in Florida", n corporation to					
Please return all c	orrespondence concerning	g this matter	to the following:						
_	Drew Smith 100002			4736919					
		(Name of		1/9801061002 *70.00 *****70.00					
	The Continental Al	_							
_		-1.7							
	ΫΌ Box 969		• •	w98-7107					
(Address)									
	Kirkland WA 9808	3-0969							
Kirkland, WA 98083-0969 (City/State/Zip)									
Should you need to call someone concerning this matter, please call:									
	Drew Smith a	t (425 (Area) 889-7699 Code & Daytime Telephone Num	iber) W4(6					
Qualification/Tax Division of Corpo 409 E. Gaines St. Tallahassee, FL 3	Lien Section orations		MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	SECRETARY OF STATE ON OF CORPORATIONS 98 APR -6 PM 4:00					



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 31, 1998

DREW SMITH THE CONTINENTAL ALLIANCE, INC. PO BOX 969 KIRKLAND, WA 98083-0969

SUBJECT: THE CONTINENTAL ALLIANCE, INC.

Ref. Number: W98000007107

We have received your document for THE CONTINENTAL ALLIANCE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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 (850) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 398A00017081

The reject # was their filing - no conflict

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.

. The Conti	nental Alliance, Inc. oration; must include the word "	INCORPORATE	D", "COMPAN	Y", "CORPORATIO	N" or	
words or abbre	viations of like import in langua	age as will clearly	indicate that it i	s a corporation inste	ad of a	
natural person	or partnership if not so containe	d in the name at p	oresent.)			
2. <u>Washingto</u>	n		3. <u>91–101003</u>	11		
(State or countr	y under the law of which it is in	corporated)	ı	(FEI number, if appl	icable)	
. October 3	. 1977	5	Perpetual			
	ate of incorporation)	(Dur	ation: Year corp	will cease to exist	or "perpetual")	
6. January 2	nd 1998'					
(Date fir	st transacted business in Florida.	.) (SEE SECTION	IS 607.1501, 607	7.1502 and 817.155,	F.S.)	
7. <u>4700 Cari</u>	llon Point				_ '	-
7. <u>4700 Cari</u>	lion roint				6	<u>₹</u>
Kirkland,		-				<u>Š</u> S
	(Curr	rent mailing addre	ess)		70	25 m
		1			တ	825
Consumer	Debt Collection				3	콧윾다
(Purpose	e(s) of corporation authorized in	home state or cor	untry to be carrie	d out in state of Flor	rida) f:	R A
				un n Norr		
9. Name and st	reet address of Florida regis	stered agent: (F	O. Box or Ma	II Dtob Box MOT	acceptables	රා
Name:	Corporation Service (Company				
	1201 H Ch					
Office Address:	1201 Hays Street					
	Tallahassee		, Florida, _	32301		
				(Zip code)		
10 D 17 1	494					
10. Kegisterea	agent's acceptance:					
Having been nan	ned as registered agent and to a	eccept service of p	rocess for the al	bove stated corporate	ion at the place	designate
in this application	n, I hereby accept the appointm	ent as registered	agent and agree	to act in this capac	ity. I further ag	gree to
	provisions of all statutes relative		d complete perf	ormance of my dutie	s, and I am fan	niliar with
and accept the ob	ligations of my position`as regi	stered agent.	~ 11.4			
	VWUN	SMICI	UU			
	(Regi	istered agent's sig	mature)			

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: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: Address: ____ Director -Vice Chairman: Timothy G. Beffa Address: 390 South Woodsmill Road, Suite 150 Chesterfield, MO 63017 Director: David E. King Address: 101 East 52nd Street, 31st Floor New York, NY 10022 Director: Tyler T. Zachem Address: 101 East 52nd Street, 31st Floor New York, NY 10022 B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Peter C. Rosvall Address: 4700 Carillon Point Kirkland, WA 98033 Vice President: Howard L. George Address: 4700 Carillon Point Kirkland, WA 98033 Secretary: Lori de Martineisch Address: 4700 Carillon Point Kirkland, WA 98033 Treasurer: Dorrise Kalbfleisch Address: 4700 Carillon Point Kirkland, WA 98033 NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors. Signature of Chairman Vice Chairman, or any officer listed in number 12 of the application) Howard L. George: Vice President (Typed or printed name and capacity of person signing application)

STATE of WASHINGTON



I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

THE CONTINENTAL ALLIANCE, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on October 3, 1977.

in Washington on October 3, 1977.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to 4:00

transact business in the corporate form in the State of Washington.



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Date: March 26, 1998

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

