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| Acknowledgment | 711100 | | | | | |

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W.P. Verifier



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

June 12, 1998

CT CORPORATION SYSTEM ATTN: HOPE

SUBJECT: ZEPHYR MANAGEMENT, INC.

Ref. Number: W98000013601

We have received your document for ZEPHYR MANAGEMENT, 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:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 Specialist**

Letter Number: 198A00033050

Lee,

also auached is 52,50 for a CCopy. Please Irochdate. Shank you! skype-CT

FI

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. ZEDHYR MANAGENENT THE |
|---|
| 1. ZEPHYR MANAGENENT TNC. (Name of corpora tion: 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. New York 3. 13-3772991 (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. 5/16/94 (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 817.155. F.S.) |
| 7. 320 PARK Ayenue |
| (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) 7. 320 PARK Ayenue New York, NY 10022 (Current mailing address) 8. Threstueut Address Address of Slorida and in home state or country to be carried out in the state of Slorida. |
| (Current mailing address) - المستقدمة المستقدم الم |
| 8. TNVESTMENT ADVICE (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floright. |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: C T Corporation System |
| Name: CT Corporation System |
| Office Address: 1200 South Pine Tstand Road |
| PLANTATION , Florida, 33324 (Zip Code) |
| 10. Registered agent's 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 obligations of my position as registered agent. CONNIE BRYAN SPECIAL ASSISTANT SECRETARY (Registered agent's signature) |
| |

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

incorporat ed.

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| OFFIC | CERS (St | reet address | only - P.O. Box | NOT accept | able) | | SS | \frac{1}{2} |
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| | Ο. | - 100. | n, Vice Chairman, | | | | | |

(Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O.Box NOT acceptable)

DIRECTORS (Street address only – P.O.Box NOT acceptable)

Director:

Thomas C. Barry

Address: _____c/o Zephyr Management, Inc.

320 Park Avenue New York, NY 10022

Director:

Bruce C. Lueck

Address:

c/o Zephyr Management, Inc.

320 Park Avenue New York, NY 10022

Director:

Richard T. Watson

Address:

c/o Zephyr Management, Inc.

320 Park Avenue

New York, NY 10022 ...

Director:

Michael J. Horvitz

Address:

c/o Zephyr Management, Inc.

320 Park Avenue New York, NY 10022

Director:

Iain O.S. Saunders

Address:

c/o Zephyr Management, Inc.

320 Park Avenue New York, NY 10022

В. OFFICERS (Street address only – P.O.Box Not acceptable)

President:

Thomas C. Barry

Address:

c/o Zephyr Management, Inc.

320 Park Avenue New York, NY 10022

Treasurer:

Albert J. Bartosic

Address:

_c/o Zephyr Management, Inc.

320 Park Avenue

New York, NY 10022

State of New York Department of State

I hereby certify, that the certificate of incorporation of ZEPHYR MANAGEMENT, INC. was filed on 05/16/1994, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 10th day of June one thousand nine hundred and ninety-eight.

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