

# F980000007025

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: DCAP MANAGEMENT (U.S.) INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

100002721661--2  
-12/24/98-01023-003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

A. Nicholas Falkides

(Name of Person)

Falk & Siemer, LLP

(Firm/Company)

2600 Main Place Tower

(Address)

Buffalo, New York 14202

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

A. Nicholas Falkides

(Name of Person)

at ( 716 ) 852-6670

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
98 DEC 24 PM 12:21

12/28

**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. DCAP MANAGEMENT (U.S.) 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. 13-3524317

(FEI number, if applicable)

4. March 3, 1989

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/99

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. c/o DEV-CON ASSOCIATES

350 BAY STREET, SUITE 1200, TORONTO, ONTARIO, CANADA M5H 2S6  
(Current mailing address)

8. MANAGEMENT SERVICES

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: LuAnn Miller

Office Address: 6538 Lake Griffin Road

Lady Lake, Florida, 32159  
(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.*

Lu Ann Miller

(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 incorporated.

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DIVISION OF CORPORATIONS  
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## 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: F. Christopher Ansley, Sole DirectorAddress: 350 Bay Street, Suite 1200Toronto, Ontario, Canada M5H 2S6

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: F. Christopher AnsleyAddress: 350 Bay Street, Suite 1200Toronto, Ontario, Canada M5H 2S6Vice President: F. Christopher AnsleyAddress: 350 Bay Street, Suite 1200Toronto, Ontario, Canada M5H 2S6Assistant  
Secretary:Kevin P. MaloneyAddress: 2600 Main Place TowerBuffalo, New York 14202Treasurer: F. Christopher AnsleyAddress: 350 Bay Street, Suite 1200Toronto, Ontario, Canada M5H 2S6

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kevin P. Maloney

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

14. Kevin P. Maloney, Assistant Secretary

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

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*State of Delaware*  
*Office of the Secretary of State*

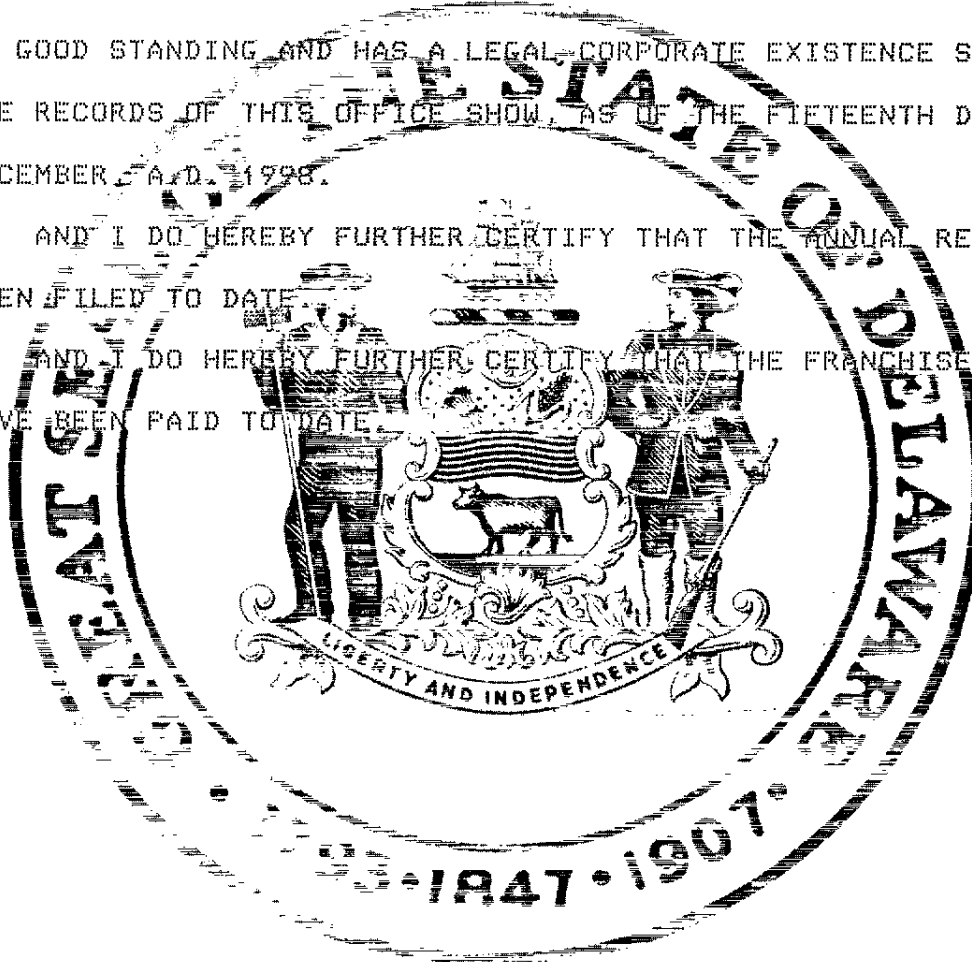
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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DCAP MANAGEMENT (U.S.) INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D. 1998.

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.



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 24 PM 12:21



*Edward J. Freel*

Edward J. Freel, Secretary of State

2191915 8300

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AUTHENTICATION:

9463739

DATE:

12-15-98