

F99000001345

CORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 3/10/99 11:00 (with smiley face)

X CERTIFIED COPY

X CUS GS

PHOTO COPY

X FILING For. gual.

99 MAR 11 AM 10:09

FILED SECRETARY OF STATE

1.) W.H. Stuart Mutuals, Ltd. (CORPORATE NAME & DOCUMENT #)

4 mtr 3/11

2.) (CORPORATE NAME & DOCUMENT #)

800002800608--0 -03/10/99--01048--006 *****87.50 *****87.50

3.) (CORPORATE NAME & DOCUMENT #)

W99-5769

4.) (CORPORATE NAME & DOCUMENT #)

5.) (CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 10, 1999

Corrected 3/10
NT (i)

CORPORATE ACCESS, INC.
236 WEST 6TH AVE.
TALLAHASSEE, FL 32303

SUBJECT: W.H. STUART MUTUALS, LTD
Ref. Number: W99000005769

We have received your document for W.H. STUART MUTUALS, LTD and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

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) 487-6094.

Agnes Lunt
Document Specialist

Letter Number: 899A00011276

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 11 AM 10:09

RECEIVED
99 MAR 11 AM 9:36
DIVISION OF CORPORATION

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. W. H. STUART MUTUALS, LTD., A DELAWARE CORPORATION
(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. 58-2422451
(FEI number, if applicable)

4. 8/1/94
(Date of incorporation)

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

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

7. 1550 BONNER RUN RD. 575 # 200
Norcross, GA. 30093
(Current mailing address)

8. Broker/Dealer
(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: PARACORP. INCORPORATED

Office Address: 236 E 6th Ave.

Tallahassee, Florida, 32303
(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.

Denise Zeller 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 incorporated.

FILED
SECRETARY OF STATE
DIVISION
99 MAY 11 AM 10:09

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: ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: ATTACHED

Address: _____

Vice President: _____

Address: _____

Secretary: _____

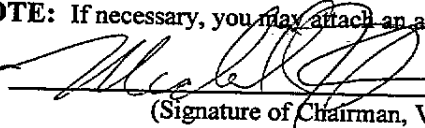
Address: _____

Treasurer: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 11 AM 10:09

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

ADDENDUM PAGE

<u>NAMES/TITLE</u>	<u>ADDRESS</u>	<u>SS#</u>	<u>DOB</u>	<u>SHARES</u>
Michael John Parent President	5009 Woodfall Dr. Lilburn, GA. 30047	559-78-7528	10/20/50	2
James Howard Munro Stuart Executive Vice President	23 Hamilton Hall Dr. Markham Ontario Canada L3P 2P1	485-387-575	2/19/67	53
Kirk McMillan Secretary and Treasurer	Box 14 Parkside Dr. Waterdown Ontario Canada L0R 2H0	494-950-041	6/13/73	5
W. H. Stuart Mutuals, Ltd., an Ontario Corporation				80

Business Address

1550 Beaver Run Rd.
Ste. #200
Norcross, GA. 30093

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 11 AM 10:09

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "W. H. STUART MUTUALS, LTD." 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 FIFTH DAY OF MARCH, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "W. H. STUART MUTUALS, LTD." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JULY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 11 AM 10:09



Edward J. Freel

Edward J. Freel, Secretary of State

2924678 8300

991087188

AUTHENTICATION: 9612797

DATE: 03-05-99