

Document Number Only

F99000004426

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

CORPORATION(S) NAME

100002971071--1
-08/26/99--01062--013
*****70.00 *****70.00

Chase Alternative Asset Management, Inc

- ☒ Profit
☐ NonProfit
☐ Limited Liability Company
☒ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Limited Liability Partnership
☐ Certified Copy
☐ Call When Ready
☒ Walk In
☐ Mail Out
- ☐ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call if Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of Name
☐ Fictitious Name
☐ CUS
☐ After 4:30
☒ Pick-Up

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG 26 PM 1:13
RECEIVED
99 AUG 26 PM 12:22
STATE

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

8/26

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED
THANKS
CONNIE BRYAN

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. **Chase Alternative Asset Management, 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. **13-3414427**
(FEI number, if applicable)
4. **7/2/87**
(Date of Incorporation)
5. **Perpetual**
(Duration: Year corp. will cease to exist or "perpetual")
6. **Upon clearance w/ Sec. of State and Securities Bureau**
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. **1211 Avenue of the Americas New York, NY 10036**
(Current mailing address)

8. **Registered Securities Broker Dealer**
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation

, Florida, 33414
(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
(Registered agent's signature)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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 OF CORPORATIONS
99 AUG 26 PM 1:13

11:10 JUL 29, 1999

TEL NO: 767-0390

#43222 PAGE: 5/5

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: Mark R. Richardson

Address: 175 East 62nd Street
New York, NY 10021

Director ~~WFO~~ ~~Chicago~~: Stephen E. Prozano
375 Oakland Beach Avenue

Address: _____
Rye, NY 10580

Director: Joel Katzman

Address: 3200 Shore Drive
Merrick, NY 11566

Director: _____

Address: _____

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

President: **Joel Katzman** .

Address: 3200 Shore Drive
Merrick, NY 11566

Vice President: Scott E. Stein

Address: 245 East 24th St
New York, NY 10010

~~xx-Sex-354v~~ VP & Compliance Assistant

Address:

Sandra Sojka
43-35 195 Street
Flushing, NY 11358

Treasurer: CFO & VP: Francis Giorgio

Address: 19 Donald Drive
Syosset, NY 11791

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. Sandra Sojka, VP & Compliance Assistant.

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

State of Delaware
Office of the Secretary of State

PAGE 1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG 26 PM 1:13

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHASE ALTERNATIVE ASSET MANAGEMENT, 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 TWENTY-THIRD DAY OF AUGUST, A.D. 1999.

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.



Edward J. Freel

Edward J. Freel, Secretary of State

2131037 8300

991351080

AUTHENTICATION:

9936370

DATE:

08-24-99