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C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

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

300003014983--2  
-10/14/99--01078--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

Continental Service Plan, Inc.

- ☒ Profit  
☐ NonProfit  
☐ Limited Liability Company  
☒ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Limited Liability Partnership  
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☐ Mail Out
- ☐ Amendment  
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☐ Annual Report  
☐ Reservation  
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- ☐ Merger  
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STATE  
TALLAHASSEE  
FLORIDA

**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. Continental Service Plan, 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. New Jersey  
(State or country under the law of which it is incorporated)

3. 22-3188117  
(FEI number, if applicable)

4. 8/14/92  
(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. CNA Plaza  
Chicago, IL 60685  
(Current mailing address)

8. Any purpose authorized under Florida statutes.  
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(Zip code)

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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.*

  
(Registered agent's signature)

Francis P. Regan  
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.

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: Please see attached

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

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

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

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

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

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

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

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

President: Please see attached

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

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

14. Mary A. Ribikawskis, Assistant Vice President & Secretary  
(Typed or printed name and capacity of person signing application)

09/02/1999

**Officers & Directors**

**Continental Service Plan, Inc.**

Jeffrey C. Moon	Director
H.W. Tripp Marshall	Director, Chairman of the Board & President
Joan B. Saunders	Executive Vice President & Assistant Secretary
Sandra Gray	Senior Vice President & Chief Financial Officer
Robert Ricky Jones	Senior Vice President
Fatima Andrade	Vice President
Jeff D. Holley	Vice President
Robert J. Grob	Assistant Vice President
Mary A. Ribikawskis	Assistant Vice President & Secretary
Pamela S. Dempsey	Treasurer

Business address for all Directors & Officers:

CNA Plaza  
Chicago, IL 60685

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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

CONTINENTAL SERVICE PLAN, INC.

*I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on August 14, 1992.*

*As of the date of this certificate, said business  
continues as an active business in good standing  
in the State of New Jersey, and its Annual Reports  
are current.*

*I further certify that the registered agent and  
registered office are:*

*The Corporation Trust Company  
820 Bear Tavern Road  
Trenton, NJ 08628*

*Continued on next page . . .*

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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

CONTINENTAL SERVICE PLAN, INC.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
12th day of October, 1999

*Roland M Machold*

Roland M Machold  
Treasurer

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TALLAHASSEE FLORIDA