## 

CT	Corporati	on System	·
Reque	stor's Name		•
660	East Jef	ferson St	reet
Addres	SS		
<u>Tal</u>	<u>lahassee.</u>	FL 32301	(850)222-1092
City	State	Zip	Phone

**CORPORATION(S) NAME** 

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CR2E031 (1-89)

## 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:

1Transamerica_Mezzar	nine Financing, Inc.	-	15
(Name of corporation: must inclu	ude the word "INCORPORATED", "Conport in language as will clearly indicated	OMPANY", "CORPORATION" or e that it is a corporation instead of a	<b>₹</b>
natural person or partnership if	not so contained in the name at present	t.)	
• • •			
2. Delaware	3 36-4	4251203	
(State or country under the law of	of which it is incorporated)	(FEI number, if applicable)	· · · · · · · · · · · · · · · · · · ·
· ·	•		
4. 09/10/98	5 Pari	oetual	<u></u>
(Date of Incorporation)	) Duratio	on: Year corp. will cease to exist or	. pas:; "Nis. a
, ,	"P•	erpetual")	
6. Upon qualification.	•		
(Date first transacted busine	ess in Florida. (SEE SECTIONS 607.1501,	607.1502, AND 817.155, F.S.)	
7 7 North Laurens Sti	reet. Suite 601		
7		· · · · · · · · · · · · · · · · · · ·	· r · <del>· · · · · · · · · · · · · · · · ·</del>
Conservation County (	20601		
Greenville, South (	(Current mailing address)		· ·
	(Current maining address)		•
0 1 1 1 11			
8. Commercial lending	orized in home state or country to be c	arried out in the state of Florida)	, <u>.</u> <del> .</del>
			· · <del></del>
9. Name and street address of	of Florida registered agent: (P.	O. Box or Mail Drop Box <u>NOT</u>	·
acceptable)			
	C T Corporation System		
Name:	C 1 Corporation System	<del></del>	· · · · · · · · · · · · · · · · · · ·
	1000 Court Direc Yelend Dood		
Office Address:	1200 South Pine Island Road		r +
		22204	
	Plantation	, Florida , 33324 (Zip Code)	
10. Registered agent's accept	fance:	(Zip Code)	
• •			_
Having been named as regist	tered agent and to accept servi	ce of process for the above stated	<u> </u>
corporation at the place des	signated in this application, I	hereby accept the appointment as ree to comply with the provisions of	f F
all statutes relative to the pro-	per and complete performance (	of my duties, and I am familiar with	l
and accept the obligations of n	ny position as registered agent.	, ···	
	// // // // / / / / / / / / / / / / /	- Letting GROVES, ASST. Sory	•
	(Registred agents 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 th	e Secretary of State or other	
official having custody of c	corporate records in the jurisdiction	n 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) Please see attached list. Chairman: Address: \_\_\_\_ \_\_\_\_\_ Vice Chairman: Address: Director: \_ Address: \_\_\_\_ Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Please see attached list. President: Address: Vice President: Address: \_\_ Secretary: \_\_ Address: \_\_\_\_\_\_ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Rosalie M. Reynolds, Assistant Secretary
(Typed or printed name and capacity of person signing application)

NAIME	OFFICE	BUSINESS ADDRESS	
DIMARTINO, Angelo EASTERBY, Capers KRAKOWSKI, Mary F. MOHR, John J. NUTLEY, Ashley REYNOLDS, Rosalie M. WANDERS, David G.	Vice President - Controller President Vice President, Secretary and General Counsel Vice President - Tax Assistant Secretary Assistant Secretary Chief Executive Officer	9399 West Higgins Road, Suite 600 7 North Laurens, Suite 601 9399 West Higgins Road, Suite 600 5595 Trillium Boulevard 7 North Laurens, Suite 601 5595 Trillium Boulevard 9399 West Higgins Road, Suite 600	Rosemont, IL 60018 Greenville, SC 29601 Rosemont, IL 60018 Hoffman Estates, IL 60192 Greenville, SC 29601 Hoffman Estates, IL 60192 Rosemont, IL 60018
<u>Directors</u> FOLTZ, Stephen H. READ, Steven A. WANDERS, David G.		9399 West Higgins Road, Suite 600 9399 West Higgins Road, Suite 600 9399 West Higgins Road, Suite 600	Rosemont, IL 60018 Rosemont, IL 60018 Rosemont, IL 60018

a OCT 27 PM 1:45

## State of Delaware

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF CONTROL OF

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

TWENTY-EIFTH DAY OF OCTOBER, A.D. 1999.

Edward J. Freel, Secretary of State

AUTHENTICATION:

0043532

PAGE

DATE:

10-25-99

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