

-99000006143

ACCOUNT NO.

: _072100000032

REFERENCE

: ~489883

4809065

AUTHORIZATION

COST LIMIT

ORDER DATE: November 22, 1999 🔔

ORDER TIME :

1:21 PM

200003055372--9

ORDER NO. : 489883-005

CUSTOMER NO: 4809065

CUSTOMER:

Janet Sidle, Legal Asst Venable Baetjer And Howard

1800 Mercantile Bank & Tr Buil

2 Hopkins Plaza

Baltimore, MD 21201-2978

FOREIGN FILINGS

NAME:

PERFORMAX, INC.

XXXX QUALIFICATION (TYPE: <u>CO</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

AFPLICATION 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. Per formax 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 solution of the import in language as will clearly indicate that it is a corporation instead of a solution of the name at present.)
(Name of corporation: must include the word include the words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a matural person or partnership if not so contained in the name at present.)
2. De la wave (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
(State of country under the law of winest it is interpretated)
4. 9/29/99 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of Incorporation) (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. 111 South Calvert Street Suite 2670
Baltimore, MD 21202 (Current mailing address)
8. Third Party Administration of Health Plans (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: Corporation Service Company
Office Address: 1201 Hays Street
Wellebagge Elopide 32301
(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.
Corporation Service Company Deborah D Skinner
By: (Olkomb O. Skepser) as its agent

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.

NOT acceptable)
A. DIRECTORS (Street address only- P. O . Box NOT acceptable)
Chairman: Louis J Nicholas
Chairman: Louis J Nicholas Address: 111 South Calvert Street Suite 2676 Baltimore, MD ZIZOZ
Vice Chairman:
Address:
Director: Keith B Sullivan
Address: 111 South Calvert Street Suite 2670
Baltimore, MD 21202
Director:
Address:
B. OFFICERS (Street address only- P. O. Box NOT acceptable)
President: Keith B Sullivan
Address: 111 South Calvert Street Svite 2670
Baltimore MD 21202
Vice President:
Address:
Secretary: Brian M Rogers
Address: 111 South Calvert Street Suite 2670
Baltimore, MD 21202
Treasurer: Brian M Rogers
Address: Same
· · · · · · · · · · · · · · · · · · ·
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. Keith B Sullivan (Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PERFORMAX, 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 CHE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 1999.

Edward J. Freel, Secretary of State

AUTHENTICATION:

0096072

991498382

8300

3095459

DATE:

11-22-99