


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN 22 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000006396

1. Corporation Name

SL USA CORPORATION

2. Principal Office Address  
251 Riverside Avenue

3. Mailing Office Address  
251 Riverside Avenue

Suite, Apt #, etc

Suite, Apt #, etc

City & State  
Westport, CT

City & State  
Westport, CT

Zip  
06880

Country  
USA

Zip  
06880

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida December 10, 1999

5. FEI Number 133745130 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status

REINSTATEMENT  
CR2E081 (12/05) 05-0

7. Name and Address of Current Registered Agent

Name  
Corporation Service Company

Suited Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt #, Etc

City  
Tallahassee

State Zip Code  
FL 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0506 or 617 0509, F.S.

Signature of Registered Agent

Date June 12, 2007

REGISTERED AGENT MUST SIGN Carol Dolor, Assistant Vice President

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached officers/directors rider.		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617 0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Peter J Mahoney, Senior Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

JUN. 27. 2007 12:34PM C S C

NO. 447

P. 4/4

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**SL Financial Services Corporation**

**Officers/Directors**

<b>Mr. Jurgen Janz</b>	<b>Director</b>
<b>Mr. Holger Stuhlmann</b>	<b>Director, CEO</b>
<b>Mr. Klaus Knuth</b>	<b>President, CEO</b>
<b>Mr. Peter Mahoney</b>	<b>Senior Vice President</b>
<b>Mr. Nils Boenicke</b>	<b>Senior Vice President</b>
<b>Mrs. Susan McElroy</b>	<b>Vice President</b>
<b>Mrs. Cindy Reagan</b>	<b>Vice President</b>
<b>Mr. Ralph Verde</b>	<b>Vice President</b>

**Business address for all: 251 Riverside Avenue, Westport, CT 06880**

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Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)205-0384

**RESUBMIT**

Please give original  
submission date as file date

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

**CORPORATION REINSTATEMENT**

**SL USA CORPORATION**

Certificate of Status	0
Certified Copy	0
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*Kathy Drake*

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