

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6384

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
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Page Count	02
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Corporate Filing Menu

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### 2009 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # F99000006396**

1. Entity Name  
**SL USA CORPORATION**



Principal Place of Business  
**251 RIVERSIDE AVE  
WESTPORT, CT 06880**

Mailing Address  
**251 RIVERSIDE AVE  
WESTPORT, CT 06880**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

2009 SEP 24 PM 3:30  
 FILED  
 TALLAHASSEE, FLORIDA  
 REINSTATEMENT 8-09



4. FEI Number  
**13-3745130**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michelle R. Vannoy Michelle R. Vannoy 9-23-09  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANZ, JORGEN 251 RIVERSIDE AVE WESTPORT, CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO STUHLMANN, HOLGER 251 RIVERSIDE AVE WESTPORT, CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KNUTH, KLAUS 251 RIVERSIDE AVE WESTPORT, CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MAHONEY, PETER 251 RIVERSIDE AVE WESTPORT, CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BOENICKE, NILLS 251 RIVERSIDE AVE WESTPORT, CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCELROY, SUSAN 251 RIVERSIDE AVE WESTPORT, CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jayne VonHagen 9/22/09 (203)207-5225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State Phone #

Officers and Directors for SL Financial Services Corporation

✓ Klaus Knuth - Chief Executive Officer

Peter Mahoney - Deputy Chief Executive Officer

Nils Boenicke - Chief Executive Officer

✓ Sue McElroy - Vice President

✓ Ralph Verde - Senior Vice President

✓ Jayne VonHagen - Vice President

✓ Sebastian Goering - Director

✓ Reiner Heine - Director

✓ Alexander Weidenbach - Director

Holger Stuhlmann - Director

Address for all Officers: 251 Riverside Avenue, Westport, CT 06880

Address for all Directors: Parizer Platz 7, 70173 Stuttgart, Germany