PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR 16 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J06802

REINSTATEMENT 03-04

1. Corporation Name
STI Risk Management Co.

2. Principal Office Address	3. Mailing Office Address
One Tyco Park	P.O. Box 8749
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Exeter, NH	City & State: Princeton, NJ
Zip: 03833 Country: USA	Zip: 08543-8749 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: March 31,1986

5. FEI Number: 54-1387033 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Barbara A Burke Date: 4/15/04

Barbara A. Burke, Spec. Asst. Secy. REGISTERED AGENT MUST SIGN

CR2E085 (10/92)

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
P/D	David E. Robinson	One Tyco Park	Exeter, NH 03833
Secy.	Byron S Kalogerou	One Tyco Park	Exeter, NH 03833
Treas.	Martina Hund-Mejean	One Tyco Park	Exeter, NH 03833

10. I certify that I am an officer or director of 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 under section 119.07(3)(i), 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: David E Robinson David E. Robinson 4/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL01f - 1003/2003 CT System Online

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

STI RISK MANAGEMENT CO.

Certificate of Status	0
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