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date of submission 4/25

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Trident Merger, LLC

| Certificate of Status | 0 |
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April 28, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: TRIDENT MERGER, LLC

REF: W0B000021253

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II FAX Aud. #: H08000110314 Letter Number: 308A00025682

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pleaso sales of the Harris 4/25

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED VIABILITY/COMPANYTO TRANSACT RUSINESS IN THE STATE OF BLORIDA:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINES | SS IN THE STATE OF FLORIDA: | |
|--|--|------------------|
| TRIDENT MERGER, LLC | · | |
| (Name of Foreign Limited Liability Company; | must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| | the purpose of transacting business in Florids and attach a copy of the writing the alternate name. The alternate name reast include "Limited Liability | tën _. |
| 2. Delaware (Jurisdiction under the law of which foreign limited | 3. | |
| (Jurisdiction under the law of which foreign limited company is organized) | liability (PEI number, if applicable) | |
| 4. 0S-24-2006 | 5. | |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpenual") | |
| 6 | | |
| (Date first transacted busi (Sea sections 608.501 & 60 | ness in Florida, if prior to registration.) 8.502 P.S. to determine penalty liability) | |
| 7. 800 Scudders Mill Road, Plainsboro, New Jersey, | 08536 | |
| /Stree | Address of Principal Office) | |
| • | <u></u> | |
| 8. If limited liability company is a manager-n | nanaged company, check here 🔀 | • |
| 9. The name and usual business addresses of | the managing members or managers are as follows: | |
| The sole member managing member of Trident M | erger, LLC is BlackRook, Inc. | |
| | 40 E. 52nd Street, New York, NY 10022. | |
| | | |
| | ne than 90 days old, duly authenticated by the official having custody of records photocopy is not acceptable. If the certificate is in a fiveign language, a ust be submitted.) | ita |
| 11. Nature of business or purposes to be cond | ducted or promoted in Florida: To Provide Investment | |
| Management & Related Services | | |
| Mat | 92. Had AUTHORIZED REPRESEN | STATIVE |
| Signature of a member | or an authorized representative of a member. | |
| · · · · · · · · · · · · · · · · · · · | | 70 <u></u> |
| Typel o | r printed name of signed | 25 |
| FLOST - DEFENZOUT C'T System Cutting | in- | > M |
| | I(1) | |
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the | Limited Liability Comp | pany is: | | 1 | |
|--|--|---|--|---|---|
| Trident Merger, LLC | | | | | |
| If name unavailabl | e, the alternate name to b | e used in the state of F | lorida is: | | |
| 2. The name and the | ne Florida street address | of the registered agent | and office are: | | |
| | cr | Corporation System | | | |
| | | (Name) | | - | |
| | 1200 | South Pine Island Road | | | · |
| - | Florida Street Add | ress (P.O. Box NOT ACCE | PTABLE) | - | |
| | Plantation | E7 | 33324 | | |
| | | City/State/Zip | | | |
| liability company at agent and agree to a relating to the propositions of my pooling ations are my pooling ations at a my pooling ations are my pooling at a my pooli | i as registered agent and to the place designated in the act in this capacity. I further and complete performan astition as registered agent Corporation System | his ceriificate, I hereby o her agree to comply wit nce of my duties, and I c | accept the appoint h the provisions of am familiar with ar | nent as registered all statutes nd accept the | entratura e e e e e e e e e e e e e e e e e e e |
| Assis | ** Sadano ** Occ. otary \$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00 | Filing Fee for Application of Regionation of Regionation Certified Copy (option Certificate of Status | stered Agent onal) | AH 6: 11 | G, |

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "TRIDENT MERGER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF APRIL, A.D. 2008.

AND I DO HEREBY FURTEER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6548640

DATE: 04-25-08