



UCC FILING & SEARCH SERVICES, INC.
 1st Bar Avenue
 Tallahassee, Florida 32311
 (904) 681-6228

HOLD FOR TICKET BY UCC SERVICES OFFICE USE ONLY

F01000006608

December 28, 2001

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):
 GAB Robins Risk Management Services Inc.

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other **300004742573--8**

Retrieval Request

- Photocopy
- Certified Copy

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 DEC 28 PM 4:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

300004742573--8
 -12/28/01--01017--021
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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APPLICATION 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

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- 1. GAB Robins Risk Management Services, 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 natural person or partnership if not so contained in the name at present.)
2. Delaware (State or country under the law of which it is incorporated)
3. 22-3677416 (FEI number, if applicable)
4. December 28, 1999 (Date of incorporation)
5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. upon filing (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 9 Campus Drive, Suite 7, Parsippany, NJ 07054 (Current mailing address)

8. To engage in any lawful act or activity (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: NRAI Services, Inc.
Office Address: 526 E. Park Avenue
Tallahassee, Florida, 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.

(Registered agent's signature) Sherman, Asst. Secy

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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: See attached schedule

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: See attached schedule

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Jeff Aycock, Vice President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas M. Jackson, Secretary
(Typed or printed name and capacity of person signing application)

GAB ROBINS RISK MANAGEMENT SERVICES, INC.

**Officers and Directors
As of August 7, 2001**

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DIRECTORS

Joseph M. Zubretsky 9 Campus Drive, Suite 7, Parsippany, NJ 07054

Jun Tsusaka 712 Fifth Avenue, New York, NY 10019

OFFICERS

Joseph M. Zubretsky, President 9 Campus Drive, Suite 7, Parsippany, NJ 07054

Jeff Aycock, Senior Vice President 9 Campus Drive, Suite 7, Parsippany, NJ 07054

Barry I. Belfer, Treasurer 9 Campus Drive, Suite 7, Parsippany, NJ 07054

Thomas M. Jackson, Corporate Secretary 9 Campus Drive, Suite 7, Parsippany, NJ 07054

State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAB ROBINS RISK MANAGEMENT SERVICES, 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 THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF DECEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAB ROBINS RISK MANAGEMENT SERVICES, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SECRETARY OF STATE
DELAWARE
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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1504870

010643752

DATE: 12-14-01