



State of Rhode Island  
Department of State - Business Services Division

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SEP 17 2024  
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### Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:  Fiduciary Trust Company International of Pennsylvania		
2. It is incorporated under the laws of:                      Pennsylvania		
3. The name, if different, which it elects to use in Rhode Island is:  (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:  (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is:                      12/20/1985		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is:  5 Radnor Corporate Center, 100 Matsonford Road, Radnor TWP, Radnor, Pennsylvania, 19087		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name                      United Agent Group Inc.		
Street Address ( <u>NOT</u> a P.O. Box)                      10 Dorrance Street #700		
City/Town                      Providence	State                      RHODE ISLAND	Zip Code                      02903

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**  
SEP 17 2024     12/31  
**BY C5B2D**

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Investment Management Services and Trust and Estate Services

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Leslie G. Bohner	5 Radnor Corporate Center, 100 Matsonford Road, Radnor TWP, Radnor, Pennsylvania, 19087
Richardson T. Merriman	5 Radnor Corporate Center, 100 Matsonford Road, Radnor TWP, Radnor, Pennsylvania, 19087
John M Dowd	5 Radnor Corporate Center, 100 Matsonford Road, Radnor TWP, Radnor, Pennsylvania, 19087

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	John M Dowd	5 Radnor Corporate Center, 100 Matsonford Road, Radnor TWP, Radnor, Pennsylvania, 19087
VICE CHAIRMAN	Richardson T. Merriman	5 Radnor Corporate Center, 100 Matsonford Road, Radnor TWP, Radnor, Pennsylvania, 19087
TREASURER		
SECRETARY	Leslie G. Bohner	5 Radnor Corporate Center, 100 Matsonford Road, Radnor TWP, Radnor, Pennsylvania, 19087

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100,000	Common	N/A	\$10.00

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

14. *Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

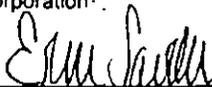
Type or Print Name of Authorized Officer

Erin Saville, Attorney-In-Fact

Date

9/17/2024

Signature of Authorized Officer of the Corporation:



If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

Limited Power of Attorney

The undersigned Officer of **Fiduciary Trust Company International of Pennsylvania** a Pennsylvania entity ("the Company"), appoints Erin Saville as attorney-in-fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Lauren Underwood, Special Secretary grants to the attorney-in-fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to United Agent Group, 100 Beard Sawmill Road, Shelton, CT 06484.

The undersigned has executed this Limited Power of Attorney effective as of this 17<sup>th</sup> day of September, 2024.

**Fiduciary Trust Company International of Pennsylvania**

By: *Lauren Underwood*

Name: Lauren Underwood

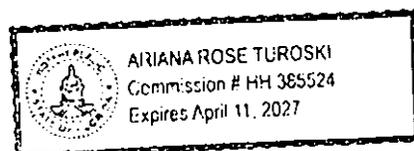
Title: Special Secretary

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 17<sup>th</sup> day of September, 2024.

*AR*

Notary Public



**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
dos.pa.gov/BusinessCharities

**Regarding:** Fiduciary Trust Company International of Pennsylvania  
**Request Type:** Subsistence Certificate **Issuance Date:** September 11, 2024  
**Request No.:** 042563730 **File No.:** 0000898798  
**Receipt No.:** 001212708  
**Filing Type:** Domestic Financial Institution  
**Filing Subtype:** Not Applicable  
**Initial Filing Date:** December 20, 1985  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

Fiduciary Trust Company International of Pennsylvania

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

A handwritten signature in black ink, appearing to read "Albert Schmidt".

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)