



May 9, 2007

Society of Systematic  
Biologists  
1313 Dolley Madison Blvd S#402  
McLean, VA 22101

Re: Directors & Officers Liability  
Policy No: EPP4567146  
Company: Great American Ins. Co.  
Term: 04/03/07 - 04/03/09

Dear Stephanie Cross:

The enclosed binder serves as evidence of insurance until your renewal policy is received.

We received payment in the amount of \$2,010.00 for the 07/08 and 08/09 annual premiums in our office.

Thank you for choosing Chesapeake Insurance Group-we appreciate your business!

As soon as your policy is received we will forward it to you.

Sincerely,

**CHESAPEAKE INSURANCE GROUP**

Laura Anthony, CIC, AAI, CISR  
Account Manager

Enclosure

LA/av



# INSURANCE BINDER

OP ID AV

DATE (MM/DD/YYYY)  
05/09/2007

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

<b>AGENCY</b>  Chesapeake Insurance Group 151 West Street, Suite 300 Annapolis MD 21401 Laura M. Anthony PHONE (A/C, No, Ext): 410-841-5320 FAX (A/C, No): 410-841-6921 CODE: AGENCY CUSTOMER ID: SOCIE-3 INSURED  Society of Systematic 1313 Dolley Madison Blvd S#402 McLean VA 22101		<b>COMPANY</b> Great American Ins. Co.  <b>BINDER # 11458</b>	
<b>DATE EFFECTIVE</b> 04/03/07		<b>TIME</b> 12:01	<b>EXPIRATION</b> 05/03/07
		<b>X</b> AM PM	<b>X</b> 12:01 AM NOON
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: <b>EPP4567146</b>			
<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b>			

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
				\$
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE		
<input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:		STATED AMOUNT		\$
		OTHER		
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>	D&O (EPLI shares this limit): \$1,000,000 each claim & aggregate, \$1,000 deductible each claim. This binder has been issued pending receipt of the actual policy from the carrier. The same terms, conditions, forms & exclusions of the actual policy apply.	FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

**NAME & ADDRESS**

	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>Autumn Velly</i>	



9 March 2007

Connecticut Secretary of State  
Document Review  
30 Trinity Street  
P.O. Box 150470  
Hartford, CT 06115

Appended please find Annual reports for the Society of Systematic Biologists (#0059886) for the years 1994 through 2007. These forms are being submitted for reinstatement of incorporation purposes.

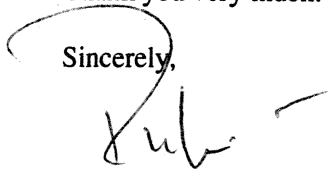
Could I ask that the approval for reinstatement be returned to me:

Richard J. Burk, Jr.  
Burk & Associates  
1313 Dolley Madison Blvd.  
Suite 402  
McLean, VA 22101

If there are any additional requirements, please let me know.

Thank you very much.

Sincerely,

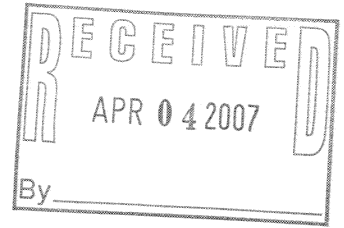


Richard J. Burk, Jr.  
Chairman

RJB/sc

Enclosure

03/30/2007



BURK & ASSOCIATES INC  
1313 DOLLEY MADISON BLVD  
SUITE 402  
MC LEAN, VA 22101

RE: Acceptance of Business Filing

This letter is to confirm the acceptance of the following business filing:

Business Name: SOCIETY OF SYSTEMATIC BIOLOGISTS, INC. Type of Request: REPORT (1994).

Work Order Number	: 2007077458-001	Business Filing Number	: 0003422685
Filing Date/Time	: 03/29/2007 08:30 AM	Effective Date/Time	:
Work Order Payment Total	: \$350.00	Payment Received	: \$25.00
Credit on Account	: \$0.00	Customer Id	: 001447385
Business Id	: 0059886		

If you would like copies of this filing you must complete a Request for Corporate Copies and submit it with the appropriate fee.

DOCUMENT REVIEW STAFF 1  
Commercial Recording Division  
860-509-6003  
[www.concord.sots.ct.gov](http://www.concord.sots.ct.gov)

SECRETARY OF THE STATE  
30 TRINITY STREET  
P.O. BOX 150470  
HARTFORD, CT 06115-0470

03/30/2007

BURK & ASSOCIATES INC  
1313 DOLLEY MADISON BLVD  
SUITE 402  
MC LEAN, VA 22101

RE: Acceptance of Business Filing

This letter is to confirm the acceptance of the following business filing:

Business Name: SOCIETY OF SYSTEMATIC BIOLOGISTS, INC. REPORT (1995).  
Type of Request:

Work Order Number	: 2007077458-002	Business Filing Number	: 0003422687
Filing Date/Time	: 03/29/2007 08:30 AM	Effective Date/Time	:
Work Order Payment Total	: \$350.00	Payment Received	: \$25.00
Credit on Account	: \$0.00	Customer Id	: 001447385
Business Id	: 0059886		

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HARTFORD, CT 06115-0470

03/30/2007

BURK & ASSOCIATES INC  
1313 DOLLEY MADISON BLVD  
SUITE 402  
MC LEAN, VA 22101

RE: Acceptance of Business Filing

This letter is to confirm the acceptance of the following business filing:

Business Name: SOCIETY OF SYSTEMATIC BIOLOGISTS, INC. REPORT (1996).  
Type of Request:

Work Order Number	: 2007077458-003	Business Filing Number	: 0003422689
Filing Date/Time	: 03/29/2007 08:30 AM	Effective Date/Time	:
Work Order Payment Total	: \$350.00	Payment Received	: \$25.00
Credit on Account	: \$0.00	Customer Id	: 001447385
Business Id	: 0059886		

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03/30/2007

This letter is to confirm the acceptance of the following business filing:

Business Name: SOCIETY OF SYSTEMATIC BIOLOGISTS, INC. Type of Request: REPORT (1998).

Work Order Number	: 2007077458-005	Business Filing Number	: 0003422693
Filing Date/Time	: 03/29/2007 08:30 AM	Effective Date/Time	:
Work Order Payment Total	: \$350.00	Payment Received	: \$25.00
Credit on Account	: \$0.00	Customer Id	: 001447385
Business Id	: 0059886		

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03/30/2007

This letter is to confirm the acceptance of the following business filing:

Business Name: SOCIETY OF SYSTEMATIC BIOLOGISTS, INC. Type of Request: REPORT (2002).

Work Order Number	: 2007077458-009	Business Filing Number	: 0003422701
Filing Date/Time	: 03/29/2007 08:30 AM	Effective Date/Time	:
Work Order Payment Total	: \$350.00	Payment Received	: \$25.00
Credit on Account	: \$0.00	Customer Id	: 001447385
Business Id	: 0059886		

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SECRETARY OF THE STATE  
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P.O. BOX 150470  
HARTFORD, CT 06115-0470

03/30/2007

BURK & ASSOCIATES INC  
1313 DOLLEY MADISON BLVD  
SUITE 402  
MC LEAN, VA 22101

RE: Acceptance of Business Filing

This letter is to confirm the acceptance of the following business filing:

Business Name: Type of Request:  
SOCIETY OF SYSTEMATIC BIOLOGISTS, INC. REPORT (2003).

Work Order Number	: 2007077458-010	Business Filing Number	: 0003422703
Filing Date/Time	: 03/29/2007 08:30 AM	Effective Date/Time	:
Work Order Payment Total	: \$350.00	Payment Received	: \$25.00
Credit on Account	: \$0.00	Customer Id	: 001447385
Business Id	: 0059886		

If you would like copies of this filing you must complete a Request for Corporate Copies and submit it with the appropriate fee.

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03/30/2007

This letter is to confirm the acceptance of the following business filing:

Business Name: SOCIETY OF SYSTEMATIC BIOLOGISTS, INC. Type of Request: REPORT (2004).

Work Order Number	: 2007077458-011	Business Filing Number	: 0003422704
Filing Date/Time	: 03/29/2007 08:30 AM	Effective Date/Time	:
Work Order Payment Total	: \$350.00	Payment Received	: \$25.00
Credit on Account	: \$0.00	Customer Id	: 001447385
Business Id	: 0059886		

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