ACCOUNT NO. :

072100000032

REFERENCE :

847112

4319445

AUTHORIZATION

COST LIMIT

\$ 70.00

ORDER DATE: September 28, 2000

ORDER TIME : 11:07 AM

ORDER NO. : 847112-005

CUSTOMER NO:

4319445

000003413400--7

CUSTOMER: Ms. Christine D. Greb

Arthur J. Gallagher & Co.

Two Pierce Place The Gallagher Centre Itasca, IL 60143

FOREIGN FILINGS

NAME:

GBS RETIREMENT SERVICES, INC.

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	aust include suffix)			
SUBJECT: GBS Retirement Services, Inc.	SE			
(Name of corporation - m	ust include suffix)			
Dear Sir or Madam:	ORDER 13			
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence", and check are submitted to registe to transact business in Florida.				
Please return all correspondence concerning this matter to the	e following:			
(Name of Perso	on)			
(Firm/Company)				
(Address)				
(City/State/Zip)				
Should you need to call someone concerning this matter, please call:				
at ( )				
(Name of Person) at ( )  (Area Code & Daytime Telephone Number)				
STREET ADDRESS: MA	AILING ADDRESS:			
Qualification/Tax Lien SectionQualification/Tax Lien SectionDivision of CorporationsDivision of Corporations409 E. Gaines St.P.O. Box 6327Tallahassee, FL 32399Tallahassee, FL 32314				
Enclosed is a check for the following amount:				
	3.75 Filing Fee & S87.50 Filing Fee, ctified Copy Certificate of Status & Certified Copy			

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			12 9 1
	CE WITH SECTION 607.1503, FLORIDA STA OREIGN CORPORATION TO TRANSACT BU		
1. GBS Retir	ement Services, Inc.		This is
words or abbre	oration; must include the word "INCORPORATED viations of like import in language as will clearly in or partnership if not so contained in the name at presented in the name	dicate that it is a corporation instead of a	LEADER IS
2. New York		3. 13-3727333	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	)
<sub>4.</sub> 08/19/93	5. Perpe	stual	
(Da	ate of incorporation) (Dura	tion: Year corp. will cease to exist or "pe	rpetual")
6. Upon qual	ification		
(Date fire	st transacted business in Florida.) (SEE SECTION	IS 607.1501, 607.1502 and 817.155, F.S.)	
7. One Execu	utive Boulevard		
Yonkers,	NY 10701		
	(Current mailing addres	s)	
8. retiremen	it services		
(Purpose	e(s) of corporation authorized in home state or cou	intry to be carried out in state of Florida)	
9. Name and st	treet address of Florida registered agent: (	P.O. Box or Mail Drop Box NOT acc	eptable)
Name:	Corporation Service Company	<u>.                                    </u>	
Office Address:	1201 Hays Street		
	Tallahassee	, Florida, 32301 (Zip code)	
10. Registered	agent's acceptance:		
this application, I with the provision	ned as registered agent and to accept service of prostrees of the proper and complete to the proper and complete from position as registered agent.  Corporation Service Complete By:  (Registered agent's significant agent's sig	nt and agree to act in this capacity. I furth te performance of my duties, and I am fan	her agree to comply
11. Attached is a Department of Stawhich it is incorp-	certificate of existence duly authenticated, not mo ate, by the Secretary of State or other official havir orated.	re than 90 days prior to delivery of this app ng custody of corporate records in the juris	plication to the diction under the law o

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 officers/directors rider	. 8
Address:	3 8 <u>7</u>
- I	福上加
Vice Chairman:	THE P
	1012
Address:	Bri w
Director:	
Address:	
Director:	
Address:	
Address.	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: See attached officers/directors rider	
Address:	• •
Vice President:	
Address:	
Secretary:	
Address:	
Address.	****
Treasurer:	•
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. Christine D. Greb, Assistant Secretary	
(Typed or printed name and capacity of person signing application)	

## GBS RETIREMENT SERVICES, INC. (Formerly Gallagher Benefit Services of New York, Inc.)

Incorporated:

New York

Date

08/19/93

% Ownership:

100% Arthur J. Gallagher & Co.

Federal ID#

13-3727333

## CAPITAL STOCK:

Common

Price/Par Value: \$1.00

Authorized: 1,000 Outstanding: 1,000

**DIRECTORS:** 

Michael J. Cloherty

J. Patrick Gallagher, Jr.

Director

\*\*

Director

\*\*

Director

\*\*

**OFFICERS:** 

David S. Hinderstein President \*

John C. Rosengren Vice President \*\*

Michael J. Cloherty Secretary \*\*

Christine D. Greb Assistant Secretary \*\*

#### **Purpose of Business:**

Retirement Plans

#### Primary Address:

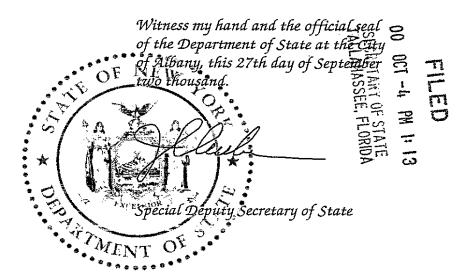
\* One Executive Boulevard Yonkers, NY 10701 \*\* c/o Arthur J. Gallagher & Co. Two Pierce Place Itasca, IL 60143

# State of New York Department of State

I hereby certify, that the Certificate of Incorporation of GBS RETIREMENT SERVICES, INC. was filed on 08/19/1993, under the name of GALLAGHER BENEFIT SERVICES OF NEW YORK, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment GALLAGHER BENEFIT SERVICES OF NEW YORK, INC., changing its name to GBS RETIREMENT SERVICES, INC., was filed 09/24/1997.

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