



ATION

2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5773853 WO  
Customer Reference 1: Administrative Systems, Inc  
Customer Reference 2: ASI-Quals

Dear Secretary of State, Florida:

Please file the attached:

Administrative Systems, Inc. (WA)  
Qualification  
Florida

Please FILE SECOND.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton  
Sr. Fulfillment Specialist  
Jeff\_Netherton@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 APR - 1 PM 1:06

FILED

**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.*

1. Administrative Systems, 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. Washington 3. 05-0555470  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/20/2002 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qual  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1310 Mercer Street, Ste. 200, Seattle, WA 98109  
(Principal office address)

c/o NFP, 787 7th Ave., 49th Fl. New York, NY 10019  
(Current mailing address)

To conduct insurance related business and services

8. \_\_\_\_\_  
(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)

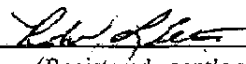
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (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.*

By: C T Corporation System  
  
(Registered agent's signature)

**Robin LaPeters**  
**Assistant Secretary**

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.

**FILED**  
03 APR - 1 PM 1:06  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

FILED  
03 APR - 11 PM 1:06  
STATE OF MASSACHUSETTS  
FILED

B. OFFICERS

President: SEE ATTACHMENT

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. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Miriam I. Katz, Assistant Secretary

(Typed or printed name and capacity of person signing application)

Annual Report  
Administrative Systems, Inc.

Directors

Lawrence K. Becker  
Alan Cashman  
Bonnie Cashman

Officers

Director  
Director  
Director

Alan Cashman  
Elizabeth Carroll  
Bonnie Cashman  
Jody Ladle Cooper  
Lori Lieser  
Miriam I. Katz  
Renee R. Noack

President  
Secretary  
Vice President  
Vice President  
Vice President  
Assistant Secretary  
Assistant Secretary

Business address for all Directors and Officers:  
C/o National Financial Partners Corp., 787 7<sup>th</sup> Avenue, 49<sup>th</sup> Floor, New York, NY 10019

Generated: 3/28/2003 11:11:37AM

FILED  
03 APR -1 PM 1:06  
TALLAHASSEE FLORIDA

As of 3/28/03

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **Sam Reed**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**

**OF**

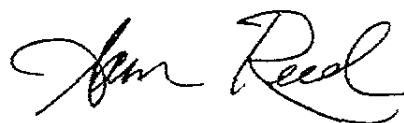
**ADMINISTRATIVE SYSTEMS, INC.**

**I FURTHER CERTIFY** that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on December 20, 2002.

**I FURTHER CERTIFY** that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.

Date: March 27, 2003

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital.



Sam Reed, Secretary of State

