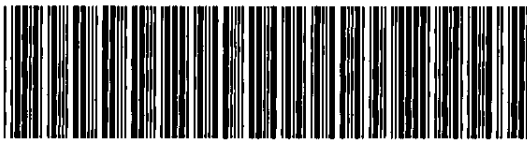


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08/22/06--01002--007 \*\*78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 AUG 21 PM 4: 33

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T. Burch SEP 13 2006



CT

a Wolters Kluwer business

CT

1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel

850 222 7615 fax

www.ctlegalsolutions.com

August 16, 2006

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 6704869 SO  
Customer Reference 1: CNA  
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Custom Benefit Programs, Inc (NJ)  
Qualification  
Florida

+ Certified Copy

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

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

Sincerely,

Jennifer Murphy  
Fulfillment Specialist  
jennifer.murphy@wolterskluwer.com

Please file 1st



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06 SEP 12 PM 4:36

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
TALLAHASSEE, FLORIDA

August 22, 2006

CT  
ATTN: JENNIFER MURPHY

SUBJECT: CUSTOM BENIFIT PROGRAMS, INC.  
Ref. Number: W06000037068

*Also note "benefit"  
is spelled wrong*

We have received your document for CUSTOM BENIFIT PROGRAMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist

Letter Number: 506A00051606

✓  
*Fixed!*  
*Please*  
*refile*  
*+ backdate*  
*to*  
*8/21/06.*

*File First!*

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. Custom Benefit Programs, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Univers Workplace Benefits, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 22-3325321
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 22, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 897 12th Street, Hammonton, NJ 08037
(Principal office address)

555 Pleasantville Road, Suite 160 South, Briarcliff Manor, NY 10510
(Current mailing address)

8. Insurance Brokerage
(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 NOT acceptable)

Name: CT 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.

[Handwritten signature]
(Registered agent's signature)

Melissa Fox
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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 AUG 21 PM 4: 38

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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

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

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

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

Director: Ernest J. Newborn, II

Address: 555 Pleasantville Road, Suite 160 South, Briarcliff Manor, NY 10510

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

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

**B. OFFICERS**

President: Harold Chandler

Address: 897 12th Street, Hammonton, NJ 08037

Vice President: \_\_\_\_\_

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

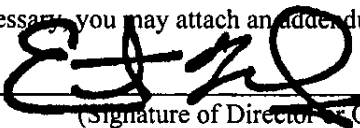
Secretary: Ernest J. Newborn, II

Address: 555 Pleasantville Road, Suite 160 South, Briarcliff Manor, NY 10510

Treasurer: Robert Schneider

Address: 555 Pleasantville Road, Suite 160 South, Briarcliff Manor, NY 10510

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

13.  \_\_\_\_\_  
(Signature of Director or Officer listed in number 12 of the application)

14. Ernest J. Newborn, II, Secretary  
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

**CUSTOM BENEFIT PROGRAMS, INC.**

0100601078

*With the Previous or Alternate Name*

**CBP-CUSTOM BENEFIT PROGRAMS, INC. (Previous Name)**

**CBP TECHNOLOGIES (Alternate Name)**

**UNIVERS WORKPLACE BENEFITS (Alternate Name)**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 22, 1994.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*Corporation Trust Company  
820 Bear Tavern Road  
West Trenton, NJ 08628 0000*

*Continued on next page . . .*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

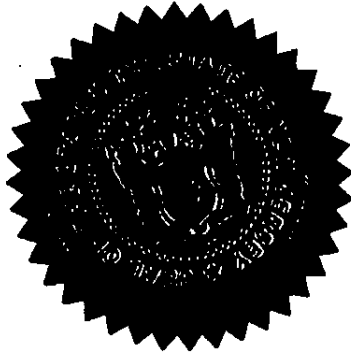
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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

CUSTOM BENEFIT PROGRAMS, INC.

ALLAHASSEE, FLORIDA

FILED



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
9th day of August, 2006

*Bradley Abelow*

Bradley Abelow  
State Treasurer