

F12000004850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

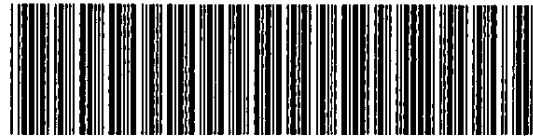
(Business Entity Name)

(Document Number)

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

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11/30/12--01012--003 \*\*78.75

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12 NOV 30 PM 12: 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
12/3/12

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Management Research Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott Becker

Name of Person

Management Research Services, Inc.

Firm/Company

19035 W Capitol Drive Suite 200

Address

Brookfield, WI 53045

City/State and Zip code

sbecker@cfosolutionswi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Becker

Name of Person

at ( 262 ) 252-0006

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified Copy

\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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. Management Research Services, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 06-1241283 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/29/1988 5. perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 19035 W Capitol Drive, Suite 200 Brookfield WI 53045 (Principal office address)

19035 W Capitol Drive, Suite 200 Brookfield WI 53045 (Current mailing address)

8. Insurance underwriting services (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: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470 (City) (Zip code)

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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.

[Signature] Usel Pades for InCorp Services, Inc. (Registered agent's signature)

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.

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

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**A. DIRECTORS**

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Director: Carol Dineen

Address: 19035 W Capitol Drive, Suite 200 Brookfield, WI 53045

Director: Scott Becker

Address: 19035 W Capitol Drive, Suite 200 Brookfield, WI 53045

**B. OFFICERS**

President: Carol Dineen

Address: 19035 W Capitol Drive, Suite 200 Brookfield, WI 53045

Vice President: Scott Becker

Address: 19035 W Capitol Drive, Suite 200 Brookfield, WI 53045

Secretary: Scott Becker

Address: 19035 W Capitol Drive, Suite 200 Brookfield, WI 53045

Treasurer: Carol Dineen

Address: 19035 W Capitol Drive, Suite 200 Brookfield, WI 53045

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

13. Scott Becker

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Scott Becker Vice President

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

DOM  
180 181 185  
183  
2011

United States of America  
State of Wisconsin

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12 NOV 30 PM 12: 12



DEPARTMENT OF FINANCIAL INSTITUTIONS OF STATE  
TALLAHASSEE, FLORIDA

To All to Whom These Present Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

MANAGEMENT RESEARCH SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is June 28, 1988.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622, 181.0120 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on November 9, 2012.

*Paul M. Holzem*

PAUL M. HOLZEM, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

BY: *Patricia Weber*

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Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.