

F19 000005161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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T. CLINE

NOV 15

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 NOV 14 AM 11:56

SECRET



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2019

MICHELE PRICE  
6921 MARINER DRIVE  
MOUNT PLEASANT, WI 53406

SUBJECT: TRICORE, INC.  
Ref. Number: W19000091965

We have received your document for TRICORE, INC. and your check(s) totaling \$87.50. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline  
Regulatory Specialist III

Letter Number: 019A00021339

2019 NOV 14 AM 11:56  
FLORIDA DEPARTMENT OF STATE  
TAMMIE CLINE  
CORPORATIONS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TriCore, 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:

Michele Price  
Name of Person

TriCore, Inc  
Firm/Company

Le921 Mariner Drive  
Address

Mount Pleasant, WI 53406  
City/State and Zip code

mprice@tricore.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Price at (262) 886-3630  
Name of Person Area Code Daytime Telephone Number

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
2018 NOV 14 AM 11:56

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration 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. TriCore, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TriCore, Inc. - Southeast (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

4. 8/20/1991 (Date of incorporation) 5. (Date of duration, if other than 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. 6921 Mariner Dr. Mount Pleasant, WI 53406 (Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jeff Spierbaum

Office Address: 300 E New Haven Ave 2nd Floor Melbourne, Florida 32901 (City) (Zip code)

2019 NOV 14 AM 11:56 DEPARTMENT OF STATE DIVISION OF CORPORATIONS

9. 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.

Jeff A Spierbaum (Registered agent's signature)

10. 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.

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

A. DIRECTORS *see attached*

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

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

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

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

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

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

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

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

B. OFFICERS *see attached*

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

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

~~Vice~~ <sup>Vice</sup> President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

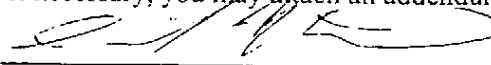
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

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

2019 NOV 14 AM 11:56  
DEPARTMENT OF STATE  
CLASSIFICATION

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

12.  \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. *David McCarthy* \_\_\_\_\_

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

# TriCore, Inc

## Officers

David McCarthy - CEO, Secretary and Treasurer  
6921 Mariner Drive  
Mount Pleasant, WI 53406

James Piotrowski – President  
6921 Mariner Drive  
Mount Pleasant, WI 53406

James Krupka - Vice President  
6921 Mariner Drive  
Mount Pleasant, WI 53406

## Advisory Board of Directors

Neil F. Guttormsen  
6921 Mariner Drive  
Mount Pleasant, WI 53406

James C. Small  
6921 Mariner Drive  
Mount Pleasant, WI 53406

Lee R. Tschanz  
6921 Mariner Drive  
Mount Pleasant, WI 53406

Thomas P. Mahoney  
6921 Mariner Drive  
Mount Pleasant, WI 53406

Thomas R. Leuenberger  
6921 Mariner Drive  
Mount Pleasant, WI 53406

2018 NOV 14 AM 11:56  
STATE OF WISCONSIN  
CLERK OF COURTS  
MOUNT PLEASANT

DOM  
180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**TRICORE, INC.**

is a domestic corporation or limited liability company organized under the laws of this state under the name AUTOMATION ENGINEERING ASSOCIATES, INC. and that its date of incorporation or organization is August 20, 1991.

I further certify that the following charter documents changing the name have been duly filed with this department; Restated Articles effective on December 15, 2010 changing the name to its current name TRICORE, INC.

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 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 September 16, 2019.

A handwritten signature in cursive script that reads 'Mary Ann McCoshen'.

MARY ANN McCOSHEN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

BY:

A handwritten signature in cursive script, likely representing a witness or another official.