F25000003755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. SOLOMON
JUN 27 2025

CT CORP

(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 06/23/2025

Acc#I20160000072

Name:	Associated Bank, National Association
Document #:	
Order #:	16385917

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑ Certified: ☑ Plain: ☐ COGS: ☐

Email Address for Annual ~~Report~~ Notifications:

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Document ___
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 78.75

Thank you!

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. Associated Bank, National Association
(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. United States (national banking association)
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. N/A
(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. 433 Main Street, Green Bay, WI 54301
(Principal office **street** address)

_____
(Current mailing address, if different)

2025 JUN 23 PM 3:57

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (Zip code)

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.

Stephanie Hencz, Assistant Secretary
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐Chairman Name: SEE ATTACHED

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

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☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Randall J. Erickson, Executive Vice President, General Counsel and Secretary
(Typed or printed name and capacity of person signing application)

OFFICERS

Andy Harmening
President and CEO
111 E. Kilbourn Ave. Suite 200
Milwaukee, WI 53202

Patrick Ahern
Executive Vice President
525 W. Monroe St. Floor 23
Chicago, IL 60661

Matthew Braeger
Executive Vice President
111 E. Kilbourn Ave. Suite 200
Milwaukee, WI 53202

Bryan Carson
Executive Vice President
111 E. Kilbourn Ave. Suite 200
Milwaukee, WI 53202

Dennis DeLoye
Executive Vice President
433 Main St.
Green Bay, WI 54401

Randall Erickson
Executive Vice President, General Counsel and Secretary
111 E. Kilbourn Ave. Suite 200
Milwaukee, WI 53202

Jayne Hladio
Executive Vice President
111 E. Kilbourn Ave. Suite 200
Milwaukee, WI 53202

Nicole Kitowski
Executive Vice President
433 Main Street
Green Bay, WI 54301

Julio Manso
Executive Vice President
111 E. Kilbourn Ave. Suite 200
Milwaukee, WI 53202

Derek Meyer
Executive Vice President and CFO
111 E. Kilbourn Ave. Suite 200
Milwaukee, WI 53202

Dave Stein
Executive Vice President
834 E. Washington Ave. Suite 237
Madison, WI 53703

Phil Trier
Executive Vice President
45 S. 7th St. Suite 2900
Minneapolis, MN 55402

John Utz
Executive Vice President
111 E. Kilbourn Ave. Suite 200
Milwaukee, WI 53202

Greg Warsek
Executive Vice President
525 W. Monroe
Chicago, IL 60661

Terry Williams
Executive Vice President and CIO
111 E. Kilbourn Ave. Suite 200
Milwaukee, WI 53202

Steve Zandpour
Executive Vice President
111 E. Kilbourn Ave. Suite 200
Milwaukee, WI 53202

BOARD OF DIRECTORS

R. Jay Gerken
433 Main Street
Green Bay, WI 54301

Judith P. Greffin
433 Main Street
Green Bay, WI 54301

Michael J. Haddad
433 Main Street
Green Bay, WI 54301

Andrew J. Harmening
433 Main Street
Green Bay, WI 54301

Robert A. Jeffe
433 Main Street
Green Bay, WI 54301

Rodney Jones-Tyson
433 Main Street
Green Bay, WI 54301

Eileen A. Kamerick
433 Main Street
Green Bay, WI 54301

Gale E. Klappa
433 Main Street
Green Bay, WI 54301

Kristen Ludgate
433 Main Street
Green Bay, WI 54301

Cory L. Nettles
433 Main Street
Green Bay, WI 54301

Owen Sullivan
433 Main Street
Green Bay, WI 54301

Karen T. van Lith
433 Main Street
Green Bay, WI 54301

John (Jay) Williams
433 Main Street
Green Bay, WI 54301

Office of the Comptroller of the Currency

Washington, DC 20219

CERTIFICATE OF CORPORATE EXISTENCE

I, Rodney E. Hood, Acting Comptroller of the Currency, do hereby certify that:

1. The Comptroller of the Currency, pursuant to Revised Statutes 324, et seq, as amended, and 12 USC 1, et seq, as amended, has possession, custody, and control of all records pertaining to the chartering, regulation, and supervision of all national banking associations.

2. "Associated Bank, National Association," Green Bay, Wisconsin (Charter No. 23695), is a national banking association formed under the laws of the United States and is authorized thereunder to transact the business of banking on the date of this certificate.

IN TESTIMONY WHEREOF, today, May 15, 2025, I have hereunto subscribed my name and caused my seal of office to be affixed to these presents at the U.S. Department of the Treasury, in the City of Washington, District of Columbia

Rodney E. Hood

Acting Comptroller of the Currency

CURRENCY BUREAU SEAL OF THE Comptroller OF THE CURRENCY TREASURY DEPARTMENT

2025-00923-C

Commissioner Russell C. Weigel, III

VIA ELECTRONIC MAIL

June 14, 2025

Ms. Leah Blankenship
833 E. Michigan Street, Suite 1800
Milwaukee, WI 53202

Re: **Associated Bank, National Association**

Dear Ms. Blankenship:

Reference is made to your recent letter requesting approval to register the above-referenced name with the Florida Secretary of State. The bank is a Wisconsin state-charted bank, headquartered in Green Bay, Wisconsin and regulated by Department of Financial Institutions located in Madison, Wisconsin.

Section 655.922, Florida Statutes, exempts a financial institution, holding company or its subsidiaries from the prohibition of using the word "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in its corporate name. Therefore, this Office will not object to the use of the above referenced name being registered to transact business in the state of Florida. However, this correspondence is not intended to grant the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Jason M. Guevara
Financial Administrator
Division of Financial Institutions
Office of Financial Regulation

JMG:td

cc: Lee Yarbrough, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2025

CT

CORRECTED
Please Allow For Same File Date

SUBJECT: ASSOCIATED BANK, N.A.
Ref. Number: W25000087077

We have received your document for ASSOCIATED BANK, N.A. and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 925A00013690

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2025 JUN 26 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA