

F990000001998

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Effective Management Systems, 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", 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:

Kristine O'Leske
(Name of Person)

Effective Management Systems
(Firm/Company)

12000 West Park Place
(Address)

Milwaukee WI 53224
(City/State/Zip)

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-04/16/99--01039--001
*****70.00 *****70.00

Should you need to call someone concerning this matter, please call:

Kristine O'Leske at (414) 577-5105
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

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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.

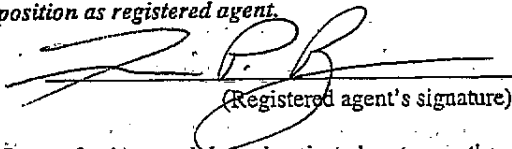
1. Effective Management Systems, Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. WI
(State or country under the law of which it is incorporated)
3. 391292200
(FEI number, if applicable)
4. 01-24-78
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 04-01-99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 12000 West Park Place
Milwaukee WI 53224
(Current mailing address)
8. Sale of software and 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 or Mail Drop Box NOT acceptable)
Name: CT Corporation System
Office Address: 1206 South Pine Island Rd
Plantation, Florida, 33324
(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.


(Registered agent's signature)

Francis P. Regan

11. Attached is a certificate of existence duly authenticated, not more than 90 days old, 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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

See Attached Addendum

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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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. _____

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

Addendum

EFFECTIVE MANAGEMENT SYSTEMS, INC.

	Name	Address
Directors	M.D. Dunham	12000 West Park Place, Milwaukee WI 53224
	T.M. Dykstra	12000 West Park Place, Milwaukee WI 53224
	D.W. Weisenberg	4200 W. Brown Deer Rd., Suite 100
	H.M. Adam	8939 N. 55th Street, Milwaukee WI 53223
	S. Merel	P.O. Box 1581 RFD, Long Grove IL 60047
	E. Wassarman	P.O. Box 2414, LaJolla CA 92038

Officers

M.D. Dunham	President	12000 West Park Place, Milwaukee WI 53224
T.M. Dykstra	V.P./Sec./ Tr.	12000 West Park Place, Milwaukee WI 53224
R.W. Grelick		12000 West Park Place, Milwaukee WI 53224
J.J. Fossum		12000 West Park Place, Milwaukee WI 53224
W.T. Wedell		12000 West Park Place, Milwaukee WI 53224

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United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that
EFFECTIVE MANAGEMENT SYSTEMS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is
JANUARY 24, 1978.

I further certify that corporation has, within its most recently completed report year, filed an annual
report required under ss. 180.1622, 180.1921 or 181.1622, 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 April 7, 1999.

RICHARD L. DEAN, Secretary
Department of Financial Institutions

BY: Patricia Weber

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.