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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

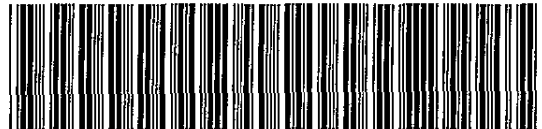
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08/19/03--01024--012 **78.75

FILED
03 AUG 19 AM 8 00
SEATTLE (OFFICE)
TALLAHASSEE, FLORIDA

STATE COLLECTION SERVICE, INC.
2509 S. STOUGHTON RD.
MADISON, WI 53716-3319

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

To Whom It May Concern:

Enclosed you will find the completed Application by Foreign Corporation for Authorization to Transact Business in Florida.

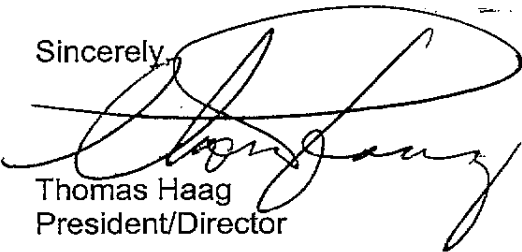
You will also find our required fee and other forms that need to be filed.

Please send any mail correspondence to:

LARRY PFISTER
STATE COLLECTION SERVICE, INC.
2509 S. STOUGHTON RD.
MADISON, WI 53716-3319

If you have any questions regarding this application, please contact Larry Pfister at (608) 661-3000 or by fax at (608) 661-3001.

Sincerely,



Thomas Haag
President/Director

TH/cr

Enclosures

FILED
03 AUG 19 AM 8:00
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

These documents have been completed by Catherine Ramstad, on behalf of our member. If you have any further questions, please call (952) 928-8000 ext. 232.
ACA International

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: State Collection Service, 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:

<u>Larry Pfister</u>	03
(Name of Person)	19
<u>State Collection Service, Inc.</u>	AM
(Firm/Company)	8 00
<u>2509 S. Stoughton Rd.</u>	FILED
(Address)	
<u>Madison, WI 53716-3319</u>	
(City/State and Zip code)	

For further information concerning this matter, please call:

Larry Pfister at (608) 661-3000
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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. State Collection Service, Inc.
(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. Wisconsin 3. 39-0788995
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/04/1949 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2509 S. Stoughton Rd., Madison, WI 53716-3319
(Principal office address)
PO Box 6250 Madison, WI 53716-0250
(Current mailing address)
8. Debt Collection
(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: c/o C T 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.

C T Corporation System
By: Andrea Mittyng Andrea Mittyng
(Registered agent's signature) 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHMENT

President: Thomas Duane Haag

Address: 2509 S. Stoughton Rd.

Madison, WI 53716-3319

Vice President: Tina Marie Hanson

Address: 2509 S. Stoughton Rd.

Madison, WI 53716-3319

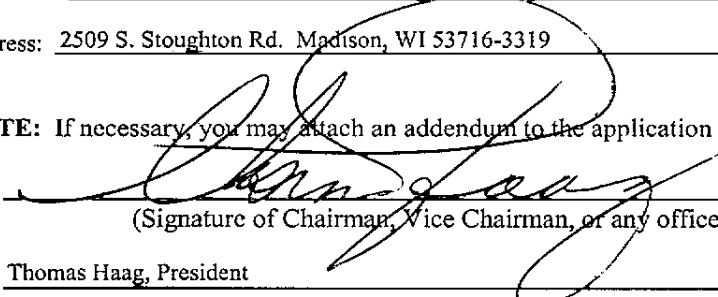
Secretary: Donna Jean Roeker

Address: 2509 S. Stoughton Rd. Madison, WI 53716-3319

Treasurer: Lawrence Emil Pfister

Address: 2509 S. Stoughton Rd. Madison, WI 53716-3319

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. Thomas Haag, President

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

FILED
03 AUG 19 AM 8:00
CLERK OF COURT
JUDICIAL DISTRICT
OF WISCONSIN
MADISON

**Attachment to Florida
Officers & Directors**

1. Full Name: Thomas Duane Haag
 Officer/Director: Officer, Director
 Officer's Title: President
 Business Address: 2509 S. Stoughton Rd.
 City: Madison
 State: WI
 ZIP Code: 53716-3319
2. Full Name: Tina Marie Hanson
 Officer/Director: Officer, Director
 Officer's Title: Vice President
 Business Address: 2509 S. Stoughton Rd.
 City: Madison
 State: WI
 ZIP Code: 53716-3319
3. Full Name: Donna Jean Roeker
 Officer/Director: Officer, Director
 Officer's Title: Secretary
 Business Address: 2509 S. Stoughton Rd.
 City: Madison
 State: WI
 ZIP Code: 53716-3319
4. Full Name: Lawrence Emil Pfister
 Officer/Director: Officer, Director
 Officer's Title: Treasurer
 Business Address: 2509 S. Stoughton Rd.
 City: Madison
 State: WI
 ZIP Code: 53716-3319

DOM
180 181 185

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions do hereby certify that

STATE COLLECTION SERVICE, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is JANUARY 4, 1949.

FILED
03 AUG 19 AM 8 00
STATE COLLECTION SERVICE

I further certify that said 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 August 5, 2003.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator
Division of Corporate & Consumer Services
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.