
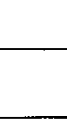



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13 OCT 24 AM 11:41

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CR2B081 (11/10)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<div style="text-align: right;">13 OCT 24 AM 11:47</div>			
DOCUMENT # 696351			
1. Corporation Name			
Cramer, Johnson, Wiggins & Associates, Inc.			
2. Principal Office Address - No P.O. Box # 1833 Centre Point Road		3. Mailing Office Address 1833 Centre Point Road	
Suite, Apt. #, etc. Suite 139		Suite, Apt. #, etc. Suite 139	
City & State Naperville, IL		City & State Naperville, IL	
Zip 60563	Country USA	Zip 60563	Country USA
4. Date Incorporated or Qualified To Do Business In Florida July 28, 1981			
5. FEI Number 59-2110915		Applied For Not Applicable	
B. CERTIFICATE OF STATUS DESIRED		\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number Is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32301	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Sue G. Knight Assistant Vice President Date 10/23/2013	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Exhibit A attached hereto.		
		OCT 24 2013	
		R. HUNT	
10. E-mail Address: gcazone@vedderprice.com (To be used for future annual report notification)			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.			
SIGNATURE:  Michael Arbutnot		10/18/13 630-245-7088 Daytime Phone	

**EXHIBIT A TO
FLORIDA CORPORATE REINSTATEMENT
FOR
CRAMER, JOHNSON, WIGGINS & ASSOCIATES, INC.
(FILE NO. 696351)**

Item 9. The following persons are the officers and directors of VeriClaim, Inc. and are located at 1833 Centre Pointe Circle, Suite 139, Naperville, Illinois 60563:

NAME	TITLE
Michael Arbour	Chief Executive Officer and President
Robert Hogue	Chief Financial Officer and Secretary
Robin Pasternak	Vice President
Tom Simoncic	Vice President
John Hinz	Vice President
John Cote	Vice President
Bob Floyd	Vice President
Michael Arbour	Director
Christopher J. Ackerman	Director
Stephen H. Haworth	Director



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 857581 4304557

AUTHORIZATION :

COST LIMIT : \$ 750.00

ORDER DATE : October 23, 2013

ORDER TIME : 4:16 PM

ORDER NO. : 857581-005

CUSTOMER NO: 4304557

DOMESTIC FILINGS

NAME: CRAMER, JOHNSON, WIGGINS
& ASSOCIATES, INC.

RECEIVED
DEPARTMENT OF STATE
13 OCT 24 AM 11:03

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS OCT 24 2013

R. HUNT