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4.

AMERICAN COLLECTORS ASSOCIATION, INC.

Group Insurance and Bond Programs

ACA INSURANCE

October 27, 2000

Florida Secretary of State  
Corporations Division  
409 East Gaines  
Tallahassee FL 32399

900003445039--6  
-10/30/00--01149--020  
\*\*\*\*122.50 \*\*\*\*\*78.75

Re: CIC Plan, Inc.

Ladies and Gentlemen:

Enclosed please find and Application to Transact Business in Florida for our member CIC Plan, Inc. I have also enclosed a Certificate of Good Standing from the State of Iowa and a check in the amount of \$122.50. This fee includes the required fee of \$70.00 plus \$52.50 for a certified copy.

The American Collectors Association has prepared and submitted this application on behalf of our member. If you have questions or concerns regarding this application, please contact me at 952-928-8000 extension 237 or my e-mail address, [rivera@collector.com](mailto:rivera@collector.com).

Please send the approved certificate to: Linda Rivera, American Collectors Association, 4040 West 70<sup>th</sup> Street, Edina MN 55435

Sincerely,

*Linda Rivera*

Linda Rivera  
Licensing Manager

Enc.

FILED  
OCT 30 PM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtu  
11/2

**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. CIC PLAN, 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. IOWA 42-0822135  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/6/1959 PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. \_\_\_\_\_

304 15<sup>TH</sup> ST. DES MOINES, IA 50309-3427  
(Current mailing address)

8. DEBT COLLECTIONS  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)


Name CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS ST.

TALLAHASSEE, Florida, 32301  
(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.*

  
(Registered agent's signature) TRUMAN PERRY/AVP

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.

FILED  
00  
PM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address **ONLY** – P.O. Box **NOT** acceptable)

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

Chairman: : Dale Nelson

Address: : 304 15th Street Des Moines IA 50309

Vice Chairman: N/A

Address: :

Director: N/A

Address:

Director:

Address:

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

President: SARAH NELSON

Address: 304 15TH ST.

DES MOINES IA 50309-3427

Vice President: NONE

Address:

Secretary: SARAH NELSON

Address: 304 15TH ST.

DES MOINES IA 50309-3427

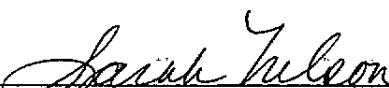
Treasurer: DALE NELSON

Address: 304 15<sup>TH</sup> ST.

DES MOINES IA 50309-3427

**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.

SARAH NELSON, PRESIDENT

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

00 OCT 30 PM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# IOWA

No. 00142923  
Date: 10/03/2000

490 DP-000000004  
H R GRAZIANO  
CIC PLAN INC  
304 1ST STREET  
DES MOINES, IA 50309

## SECRETARY OF STATE

### CERTIFICATE OF EXISTENCE

Name: CIC PLAN, INC.  
Begin date: 19590806  
Expiration: PERPETUAL

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.

FILED  
00 OCT 30 PM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Chet Culver*

CHESTER J. CULVER

SECRETARY OF STATE



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