

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Synergence Group, 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:

Susan J. Schuman
(Name of Person)

Synergence Group, Inc.
(Firm/Company)

200 N. LaSalle Street, Suite 400
(Address)

Chicago, Illinois 60601
(City/State/Zip)

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

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-11/20/00--01044--007
*****78.75 *****78.75

Susan J. Schuman at (312) 419 - 4951
(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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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HL 11/29

EP

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

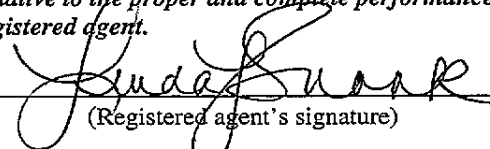
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Synergence Group, 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. Illinois 3. 36-4399129
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/17/00 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Will not transact business in Florida until 1/01/01 or when licensed, whichever is later.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 200 N. LaSalle Street, Suite 400
Chicago, Illinois 60601
(Current mailing address)
8. Insurance agency and third party administrator for insurance and related 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: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida, 32301
(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)

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 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: _____

Address: _____

Vice Chairman: See Attached

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: _____

Address: See Attached

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. Peter F. Headley
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Peter F. Headley/President
(Typed or printed name and capacity of person signing application)

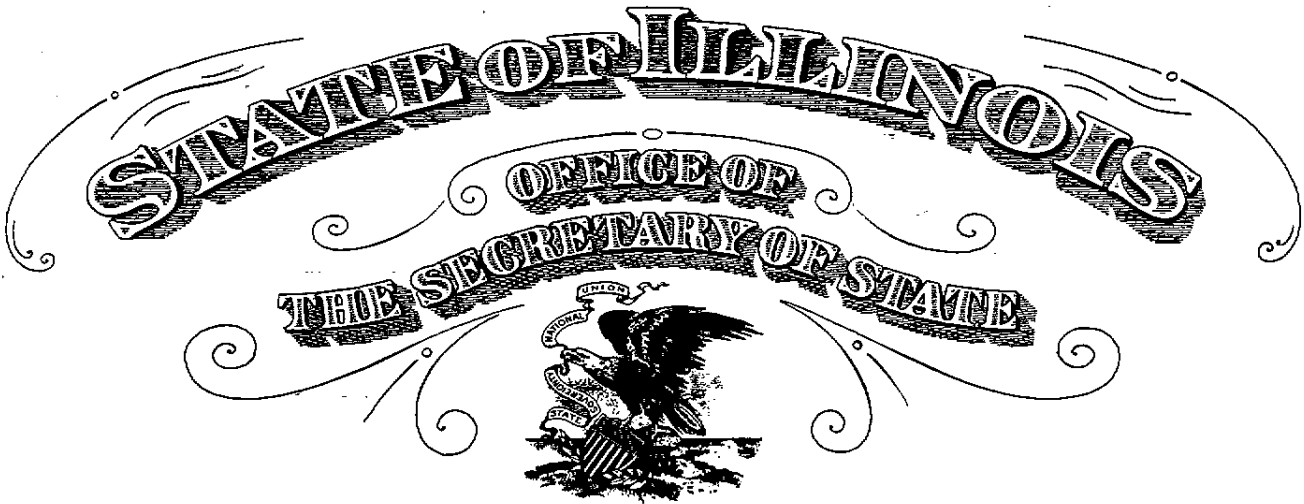
APPLICATION BY FOREIGN CORPORATION
FOR AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

ATTACHMENT TO QUESTIONS NOS. 12A & 12 B
LIST OF OFFICERS AND DIRECTORS

SYNERGENCE GROUP, INC.
200 NO. LASALLE STREET
CHICAGO, ILLINOIS 60601

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Ballard, Daniel J.	Assistant Vice President	200 N. LaSalle St. Chicago, IL 60601
Cohen, Judith	Assistant Vice President	200 N. LaSalle St. Chicago, IL 60601
Desmond Cousino, Darrah	Assistant Secretary	200 N. LaSalle St. Chicago, IL 60601
Friday, Denise S.	Vice President & Director	200 N. LaSalle St. Chicago, IL 60601
Headley, Peter F.	President & Director	200 N. LaSalle St. Chicago, IL 60601
Hudson, Beverly G.	Assistant Vice President	200 N. LaSalle St. Chicago, IL 60601
McHugh, Mary A.	Vice President, Treasurer & Director	200 N. LaSalle St. Chicago, IL 60601
Musacchio, PhD, Robert A.	Director	515 N. State St. Chicago, IL 60610
Schnur, Mary T.	Assistant Vice President	200 N. LaSalle St. Chicago, IL 60601
Schuman, Susan J.	Vice President, Secretary & Director	200 N. LaSalle St. Chicago, IL 60601
Warden, Cynthia K.	Assistant Vice President	200 N. LaSalle St. Chicago, IL 60601

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TALLAHASSEE FLORIDA



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SYNERGENCE GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE AUGUST 17, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****



In Testimony Whereof, I, Jesse White, do set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH *day of* OCTOBER *A.D.* 2000.

Jesse White

SECRETARY OF STATE

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TALLAHASSEE FLORIDA