

CT CORPORATION SYSTEM

F010000004480

CORPORATION(S) NAME

One Benefits, Inc.

FILED
01 AUG 23 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OK

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input checked="" type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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01 AUG 23 PM 12:27
DIVISION OF CORPORATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/23/01

Order#: 4424077

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Ref#: *****70.00 *****70.00

NG

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**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. One Benefits, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.)

2. Colorado

(State or country under the law of which it is incorporated)

3. 840985843

(FEI number, if applicable)

4. 02/13/1985

(Date of incorporation)

5. Perpetual

(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. 8505 East Orchard Road, Greenwood Village, CO 80111

(Principal office address)

same

(Current mailing address)

Health care administration company.

8. _____
(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 T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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: Hiedi M. Hesch

(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 business addresses of officers and/or directors:

A. DIRECTORS

SEE ATTACHMENT

Chairman: James Douglas Motz

Address: 8505 East Orchard Road

Greenwood Village, CO 80111

Vice Chairman: _____

Address: _____

Director: Donna Anne Goldin

Address: 8505 East Orchard Road

Greenwood Village, CO 80111

Director: Martin Rosenbaum

Address: 8505 East Orchard Road

Greenwood Village, CO 80111

B. OFFICERS

President: James Douglas Motz

Address: 8505 East Orchard Road

Greenwood Village, CO 80111

Vice President: Donna Anne Goldin

Address: 8505 East Orchard Road

Greenwood Village, CO 80111

Secretary: Richard George Schultz

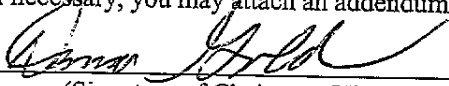
Address: 8505 East Orchard Road Greenwood Village, CO 80111

Treasurer: Glen Ray Derback

Address: 8505 East Orchard Road Greenwood Village, CO 80111

SEE ATTACHMENT

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. DONNA GOLDIN, EVP & COO
(Typed or printed name and capacity of person signing application)

Attachment to Florida
 Application By Foreign Corporation for Authorization to Transact Business In Florida
Officers & Directors

- | | | |
|----|---|--|
| 1. | Full Name: Officer/Director: Officer's Title: Director's Title: Business Address: City: State: ZIP Code: | James Douglas Motz Officer, Director Chairman, President & CEO Chairman 8505 East Orchard Road Greenwood Village CO 80111 |
| 2. | Full Name: Officer/Director: Officer's Title: Director's Title: Business Address: City: State: ZIP Code: | Donna Anne Goldin Officer, Director Executive V.P. and COO Other Director 8505 East Orchard Road Greenwood Village CO 80111 |
| 3. | Full Name: Officer/Director: Officer's Title: Business Address: City: State: ZIP Code: | Richard George Schultz Officer Secretary 8505 East Orchard Road Greenwood Village CO 80111 |
| 4. | Full Name: Officer/Director: Officer's Title: Business Address: City: State: ZIP Code: | Glen Ray Derback Officer Treasurer 8505 East Orchard Road Greenwood Village CO 80111 |
| 5. | Full Name: Officer/Director: Director's Title: Business Address: City: State: ZIP Code: | Martin Rosenbaum Director Other Director 8505 East Orchard Road Greenwood Village CO 80111 |

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 TALLAHASSEE, FLORIDA



STATE OF COLORADO

DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado,
hereby certify that, according to the records of this office,

ONE BENEFITS, INC.
(Colorado CORPORATION)
File # 19871606359

was filed in this office on February 13, 1985 and has complied with the applicable provisions
of the laws of the State of Colorado and on this date is in good standing and authorized and
competent to transact business or to conduct its affairs within this state.

Dated: August 13, 2001

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TALLAHASSEE, FLORIDA



For Validation:

Certificate ID: 503836

To validate this certificate, visit the following
web site, enter this certificate ID, then follow the
instructions displayed.

www.sos.state.co.us/ValidateCertificate

Donetta Davidson

SECRETARY OF STATE