

# F01000006650

CCH CORPORATION SYSTEM

CORPORATION(S) NAME

National Benefit Resources, Inc.

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01 DEC 28 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input 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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Name \_\_\_\_\_  
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Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

12/31/01

Order#: 49674

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

BK

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

A CCH LEGAL INFORMATION SERVICES COMPANY

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

**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. National Benefit Resources, 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. Minnesota 3. 41-1485369  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/24/84 5. 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. 9900 Bren Road East, MN0087410  
Minnetonka, MN 55343  
(Current mailing address)

8. Managing general agent services and general insurance administrative services for insurance carriers and other entities and general business purposes.  
(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, 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

[Signature]  
(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: Please See Attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: Please See Attached

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

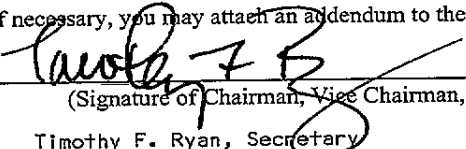
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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. Timothy F. Ryan, Secretary  
(Typed or printed name and capacity of person signing application)

***National Benefit Resources, Inc.  
Officers and Directors***

**Joseph J. McErlane**  
Officer and Director  
President, CEO, Director  
5402 Parkdale Drive, Suite 300  
Minneapolis, MN 55416

**Allan J. Weiss**  
Officer  
Assistant Treasurer  
9900 Bren Road East  
Minnetonka, MN 55343

**David J. Lubben**  
Officer  
Assistant Secretary  
9900 Bren Road East  
Minnetonka, MN 55343

**Diane L. Flottemesch**  
Officer  
Vice President – Taxes  
9900 Bren Road East  
Minnetonka, MN 55343

**Ronald B. Colby**  
Director  
9900 Bren Road East  
Minnetonka, MN 55343

**Mark L. Helvick**  
Officer  
Treasurer  
5402 Parkdale Drive, Suite 300  
Minneapolis, MN 55416

**Timothy F. Ryan**  
Officer  
Secretary  
9900 Bren Road East  
Minneapolis, MN 55343

**Patrick S. Scallen**  
Officer  
Assistant Secretary  
9900 Bren Road East  
Minnetonka, MN 55343

**John W. Kelly**  
Officer  
Vice President, Tax Services  
9900 Bren Road East  
Minnetonka, MN 55343

**David S. Wichmann**  
Director  
9900 Bren Road East  
Minnetonka, MN 55343

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TALLAHASSEE, FLORIDA

State of Minnesota

**SECRETARY OF STATE**

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MINNESOTA

Certificate of Good Standing

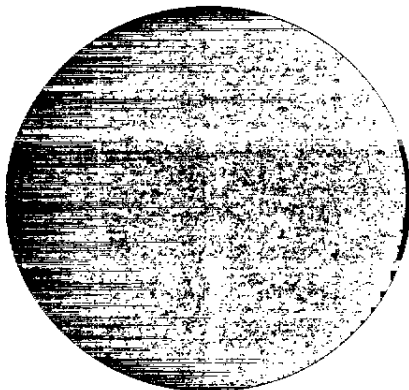
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: National Benefit Resources, Inc.

Date Formed: 04/24/1984

Chapter Governed By: 302A

This certificate has been issued on 12/28/01.



*Mary Kiffmeyer*  
Secretary of State.