

F 02000004991

Boon-Chapman Benefit Administrators, Inc.

W 02-28387

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☒ Profit	☐ Amendment	☐ Merger
☐ Nonprofit		
☒ Foreign	☐ Dissolution/Withdrawal	☐ Mark
	☐ Reinstatement	
☐ Limited Partnership	☐ Annual Report	☐ Other
☐ LLC	☐ Name Registration	☐ Change of RA
	☐ Fictitious Name	☐ UCC
☐ Certified Copy	☐ Photocopies	☒ CUS
☐ Call When Ready	☐ Call If Problem	☐ After 4:30
☒ Walk In	☐ Will Wait	☒ Pick Up
☐ Mail Out		

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✓ 10/2

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

10/01/02

AAM

Order#: 5582672

Ref#: _____

Amount: \$ _____

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-10/01/02--01052--006
*****78.75 *****78.75

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



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 1, 2002

CT SYSTEM
ATTN: AAM

SUBJECT: BOON-CHAPMAN BENEFIT ADMINISTRATORS, INC.
Ref. Number: W02000028387

We have received your document for BOON-CHAPMAN BENEFIT ADMINISTRATORS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 202A00055289

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*please ref. k
+ back del
to 10/01/02
Thx!
Johy M*

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

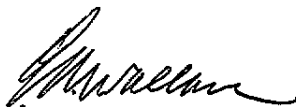
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. BOON-CHAPMAN BENEFIT ADMINISTRATORS, 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. TEXAS 3. 74 2305238
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 20, 1983 5. Perpetual
(Date of incorporation) (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. 7600 Chevy Chase, Building II, Suite 300, Austin, Texas 78752
(Principal office address)
P. O. Box 9201, Austin, Texas 78766
(Current mailing address)
8. ThirdParty Administrator for Health Care
(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 S. Pine Island Road
Plantation, Florida 33324
(City) (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.



EA Wallace
Assistant Secretary

(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 ATTACHED

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

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. T. J. Chapman, Chairman *T J Chapman*

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

14. T. J. Chapman, Chairman

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

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BOON-CHAPMAN BENEFIT ADMINISTRATORS, INC.
As of 1-1-2002

OFFICERS

President	Kevin S. Chapman
Vice President	Betty S. Chapman
Secretary	Kevin S. Chapman
Treasurer	Robert A. Lindauer

All officers and
Directors located
at:
7600 Chevy Chase
Building II, Suite 300
Austin, Texas 78752

DIRECTORS

Chairman	T.J. Chapman
Member	Kevin S. Chapman
Member	Betty S. Chapman

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Gwyn Shea
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for BOON-CHAPMAN BENEFIT ADMINISTRATORS, INC. (filing number: 67238500), a Domestic Business Corporation, was filed in this office on September 20, 1983.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name
officially and caused to be impressed hereon the Seal of
State at my office in Austin, Texas on September 05,
2002.

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Gwyn Shea

Gwyn Shea
Secretary of State