

F02 000005519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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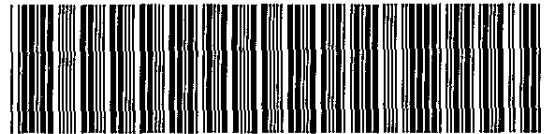
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
02 NOV -4 AM 11:28  
DIVISION OF CORPORATION

FILED  
02 NOV -4 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CT CORPORATION

November 4, 2002

Secretary of State, Florida  
409 East Gaines Street  
N/A  
Tallahassee FL 32399

**FILED**  
02 NOV -4 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5702431 SO  
Customer Reference 1: n/a  
Customer Reference 2: n/a

Dear Secretary of State, Florida:

Please file the attached:

National Capital Administrative Services, Inc. (DC)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman  
Fulfillment Specialist  
Katrina\_Forsman@cch-lis.com

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. National Capital Administrative Services, 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. District of Columbia 3. 52-1330940

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

(FEI number, if applicable)

4. 11/03/1983

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 11/15/2002

(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. 3928 Pender Drive, Suite 100, Fairfax, VA 22030

(Principal office address)

same

(Current mailing address)

See Attachment

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, Florida 33324

(City)

(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: Connie B...

(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.

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SECRETARY OF STATE  
MAIL ROOM  
TALLAHASSEE, FLORIDA

FILED

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHMENT

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

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: SEE ATTACHMENT

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. John L. Hauer, Vice President

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

Attachment to Florida

**Purpose Clause**

To enter into contracts with individuals, groups of individuals, corporations, associations and other organizations to provide claims processing and other administrative services to such entities. To provide management and financial consulting services to such entities. To cooperate, consolidate or contract with groups or organizations interested in promoting and safeguarding the public health. To transact any and all related lawful business not prohibited by law or required to be specifically stated in the articles of incorporation.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**National Capital Administrative Services, Inc.**

**List of Directors & Officers**

Name	Title	SS#	DOB	Home Address
Gregory A. Devou	Director & Chairman of the Board	005-52-6942	9/20/51	3132 River Valley Chase West Friendship, MD 21794
Michael J. Felber	Director	153-38-5280	11/13/47	14 Lochmoor Court Timonium, MD 21093
John A. Picciotto	Director	217-50-1782	12/2/46	704 Sussex Road Towson, MD 21286
David D. Wolf	Director	215-54-1892	7/17/50	1405 Falls Crest Road Fallston, MD 21047
John L. Hauer	Senior Vice President & Treasurer	213-66-9629	9/16/57	1132 Pericles Drive Bel Air, MD 21015
James E. Bobbitt	Vice President	217-58-6661	5/30/51	5528 Apperson Road White Marsh, MD 21162
Robert D. McCord	Vice President	103-46-0363	3/23/54	5035 Triplett Road Owings Mills, MD 21117
Michael J. Casarella	Vice President	051-44-2276	5/22/51	19013 Gold Mine Place Brookeville, MD 20833
William F. Casey	Counsel	220-50-3278	5/9/49	1678 Campbell Road Forest Hill, MD 21050

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



**C E R T I F I C A T E**

**THIS IS TO CERTIFY** that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the 3rd day of **November, 1983** *Articles of Incorporation of:*

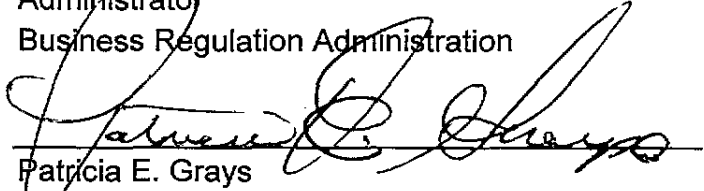
**NATIONAL CAPITAL ADMINISTRATIVE SERVICES, INC.**

**WE FURTHER CERTIFY** that the above named corporation is in **Good Standing** and duly incorporated and existing according to the records of Corporations Division, having filed all reports as required by the District of Columbia Business Corporation Act.

**IN TESTIMONY WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed this **31st** day of **October, 2002.**

David Clark  
DIRECTOR

Elizabeth O. Kim  
Administrator  
Business Regulation Administration



Patricia E. Grays  
Superintendent of Corporations  
Corporations Division

Anthony A. Williams  
Mayor