# F03000001(00)

(Requestor's	Name)
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(City/State/Zip	o/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document N	umber)
Certified Copies Cert	tificates of Status
Special Instructions to Filing Offic	er:
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### STANTON GROUP

February 28, 2003

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Certificate of Authority for Stanton Group, Inc.

Dear Sir or Madam:

Enclosed please find the following documents for Stanton Group, Inc. to obtain a certificate of authority in the State of Florida:

- 1. Our check in the amount of \$70.00 covering the filing fee.
- 2. A completed *Transmittal Letter*.
- 3. A completed Application by Foreign Corporation for Authorization to Transact Business in Florida along with a list of the officers and directors of Stanton Group, Inc.
- 4. An original Certificate of Good Standing issued by the Minnesota Secretary of State.
- 5. A pre-addressed mailing label for your convenience in mailing our certificate.

If you have any questions or require additional information please contact me at 763-278-4530 or e-mail me at <a href="mailto:mhanken@stanton-group.com">mhanken@stanton-group.com</a>.

Thank you for taking time to review our application. We look forward to hearing from you soon.

Sincerely,

Molly Hanken

Compliance/Registrations

Molly Hanken

Enclosures

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Stanton 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:					
Molly Hanken					
(Name of Person)					
Stanton Group, Inc.					
(Firm/Company)					
3405 Annapolis Lane North					
(Address)					
Minneapolis, MN 55447					
(City/State and Zip code)					
For further information concerning this matter, please call:					
Molly Hanken at (763 ) 278-4530					
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations					
409 E. Gaines St. P.O. Box 6327					
Tallahassee, FL 32399 Tallahassee, FL 32314					
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$\Bigcup \$78.75 Filing Fee & \$\Bigcup \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy					

# 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. Stanton Group, Inc.	
(Name of corporation; must include the word "INCORPOI	
words or abbreviations of like import in language as will c	
natural person or partnership if not so contained in the nan	ne at present.)
2. Minnesota	3. 41-1798304
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification	<u> </u>
	s not transacted business in Florida, insert "upon qualification.") 1501, 607.1502 and 817.155, F.S.)
	=
7. 3405 Annapolis Lane North, Plymouth, MN 55447	
(Principal office	address)
3405 Annapolis Lane North, Plymouth, MN 55447	
(Current mailing	address)
	Section 5
8. Benefits Consulting & Outsourcing Services, Insurance, R	etirement Plans, Compensation Surveys, FSA/COBRA Admin
(Purpose(s) of corporation authorized in home state	
9. Name and street address of Florida registered age	ent: (P.O. Box or Mail Dron Box NOT acceptable)
5. Name and <u>street address</u> of Ptorida registered age	He: (F.O. box of Mail Drop box MOT acceptable)
Name: CT Corporation System	The state of the s
Office Address: 1200 South Pine Island Road,	
Plantation,	, Florida 33324 (Zip code)
(City)	(Zip code)
10. Registered agent's acceptance:	
	service of process for the above stated corporation at the place
designated in this application. I hereby accept the application	pintment as registered agent and agree to act in this capacity.
	tes relative to the proper and complete performance of my
duties, and I am familiar with and accept the obligatio	
	ration System
By: Andrea Mulyn (Registered agen	Andrea Mitlyng
By: (Andrea Phylyn	Assistant Secretary
(Registered agen	t'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										
Chairman: See att	ached List o	of Officers ar	nd Directors	·			<u> </u>			<u>.</u>
Address:				<u> </u>		<u></u>	· <u></u>			
•						,	<u>.                                    </u>			
Vice Chairman:		=		<del> </del>	· · · · · · · · · · · · · · · · · · ·		<u>, , , , , , , , , , , , , , , , , , , </u>			<u> </u>
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Director:			# : <b>T</b>		,		<u> </u>	<u> </u>		
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<u> </u>	477									· · · ·
Director:		<u> </u>	1		<u>. 3-, -</u>	<u> </u>	<u></u>	5	Yes.	
Address:			<del>_</del> 4;					₽	<u></u>	
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B. OFFICERS								£ 50 C	5	
President:		<del></del>						77	A.	
Address:		. =					<del>-</del>	9	9: /	
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	-			· · · · · · · · · · · · · · · · · · ·				7 272	* ***	
Vice President:										:
Address:					· · · ·	F.E.		. •	,	
			<u>·                                     </u>		<u> </u>	<u> </u>	<u> </u>			***
Secretary:			· · · · · · · · · · · · · · · · · · ·	·	<u> </u>		<u> </u>	_ <del>`</del> ;	·-	
Address:	<del></del>				<u> </u>			•		
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reasurer:	<del></del>			<del></del>				<u>z.</u> x.		· · · · · ·
Address:	<del></del>	<del> </del>			<del></del>			<u></u>		
NOTE: If necessar	ry, you ma	y attach an	addendum	to the appli	cation list	ing addi	tional officer	s and/or dire	ectors.	
13	MARI	182	S	5						
	gnature of	Chairman,	Vice Chair	man, or any	officer li	sted in r	number 12 of	he applicati	ion)	
4. Thomas R. Sing	gsank, Secr	etarv						•		
T		ed or printed	d name and	capacity of	f person si	gning a	polication)	· • •		<del></del>

#### STANTON GROUP, INC.

#### Officers & Directors

#### 2003

Name	<u>Title</u>	Address
J. Scott Spiker	President & COO	3405 Annapolis Lane North Plymouth, MN 55447
Jeffrey R. Nevin	CEO/Director	3405 Annapolis Lane North Plymouth, MN 55447
Thomas R. Singsank	CFO/Secretary	3405 Annapolis Lane North 38 Plymouth, MN 55447
Thomas C. Campbell	Sr. Vice President	3405 Annapolis Lane North Plymouth, MN 55447
Ward D. Ring	Sr. Vice President	3405 Annapolis Lane North Plymouth, MN 55447
Renee Olmschenk	Vice President Client Services	3405 Annapolis Lane North Plymouth, MN 55447
Albert Colianni, Jr.	Director	60 S. Sixth Street, Suite 3800 Minneapolis, MN 55402
Anne E. Nevin	Director	3405 Annapolis Lane North Plymouth, MN 55447
James O. Pohlad	Director	60 S. Sixth Street, Suite 3800 Minneapolis, MN 55402
Raymond W. Zehr, Jr.	Director	60 S. Sixth Street, Suite 3800 Minneapolis, MN 55402

# state of Minnesota

## **SECRETARY OF STATE**

Certificate of Good Standing

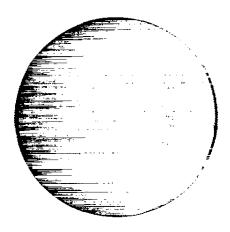
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the 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: STANTON GROUP, INC.

Date Formed: 07/17/1978

Chapter Governed By: 302A

This certificate has been issued on 02/03/03.



Mary Hiffmager Secretary of State.