

F030000003799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

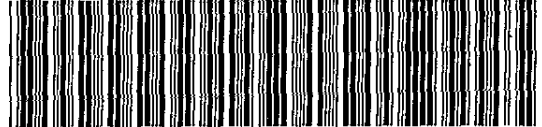
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

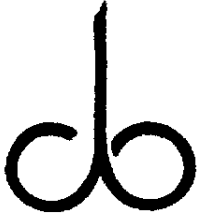


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FILED  
2003 JUL 25 PM 3:31  
TALLAHASSEE, FLORIDA

07/25/03--0104N--015 \*\*70.00

J. BRYAN AUG - 1 2003



**Central Licensing Bureau, Inc.**

1501 NORTH UNIVERSITY  
SUITE 550  
LITTLE ROCK, ARKANSAS 72207-5271  
[www.centrallicensingbureau.com](http://www.centrallicensingbureau.com)  
(501) 664-8044  
FAX - (501) 664-6182

GENA BRADSHAW, FLMI  
Chief Executive Officer

W.H.L. WOODYARD IV  
Chief Operating/Financial Officer

July 22, 2003

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

FILED  
2003 JUL 25 PM 3:32  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Enclosed, please find the necessary documents to qualify **Annuities Exchange/Financial Products Corporation** to do business in your state.

I trust this letter and the enclosed documents place them in compliance with your state Statutes. However, if any further action is required, please do not hesitate to contact me.

Thank you for your consideration of this filing.

Sincerely,

Lauri Stone  
Corporate Qualification Division

LS/lss

Enclosures

## TRANSMITTAL LETTER

FILED  
2003 JUL 25 PM 3:32  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Annuities Exchange/Financial Products Corporation  
(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:

Lauri Stone

(Name of Person)

Central Licensing Bureau

(Firm/Company)

1501 N. University, #550

(Address)

Little Rock, AR 72207

(City/State and Zip code)

For further information concerning this matter, please call:

Lauri Stone

(Name of Person)

at ( 501 ) 664-8044

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Annuities Exchange/Financial Products Corporation  
(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. Wisconsin 3. 39-1528460  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/30/1985 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. 2600 N. Mayfair Rd., #1190, Milwaukee, WI 53226  
(Principal office address)
- 2600 N. Mayfair Rd., #1190, Milwaukee, WI 53226  
(Current mailing address)
8. The business of insurance, functioning as an insurance agency.  
(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: Patrick J. Gaughan
- Office Address: 11472 64th Avenue North  
Seminole, Florida 33772  
(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.*

By: Patrick J. Gaughan

(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**

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

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

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

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

Director: John M. Douglass

Address: 2600 N. Mayfair Rd., #1190

Milwaukee, WI 53226

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

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

**B. OFFICERS**

President: John M. Douglass

Address: 2600 N. Mayfair Rd., #1190

Milwaukee, WI 53226

Vice President: Judith C. Lanza

Address: 2600 N. Mayfair Rd., #1190

Milwaukee, WI 53226

Secretary: Colleen A. Schroepfer

Address: 2600 N. Mayfair Rd., #1190, Milwaukee, WI 53226

Treasurer: Colleen A. Schroepfer

Address: 2600 N. Mayfair Rd., #1190, Milwaukee, WI 53226

**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 M. Douglass, President

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

DOM  
180 181 185

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

ANNUITIES EXCHANGE/FINANCIAL PRODUCTS CORPORATION

is a domestic corporation organized under the laws of this state and that its date of incorporation is May 30, 1985.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on June 11, 2003.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator  
Division of Corporate & Consumer Services  
Department of Financial Institutions

BY:

A handwritten signature in black ink, appearing to be initials "HR".

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Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.