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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

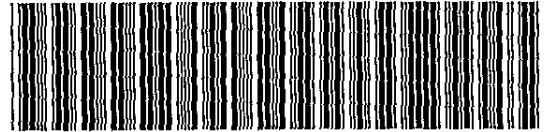
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: PERFORMA, 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 NOTE: we need **two** Certificates of Status. A check totaling \$96.25 is enclosed to cover the filing fee, two (2) Certificates of Status and a certified copy. Please return all correspondence concerning this matter to the following:

Gary A. Wickert
(Name of Person)
Gary A. Wickert, S.C.
(Firm/Company)
801 E. Walnut St., Box 1656
(Address)
Green Bay WI 54305-1656
(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

Gary A. Wickert at (920) 433-9425
(Name of Person) (Area Code & Daytime Telephone Number)

April 12, 2004

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 &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy
\$96.25--see above |
|---|--|---|---|


**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. PERFORMA, 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. Wisconsin 3. 39-1835991
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 1, 1995 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. a. 301 N. Broadway, Ste. 210, De Pere, WI 54115
(Principal office address)
- b. P.O. Box 5156, De Pere WI 54115-5156
(Current mailing address)
8. engaging in any lawful business per Section 180.0301(1), Wisconsin Statutes.
(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: CT 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.


(Registered agent's signature)

Beverlee Stuewe
Assistant Secretary

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 SEE ATTACHED

President: _____

Address: _____

Vice President: _____

Address: _____

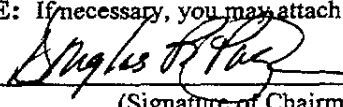
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Douglas R. Page, Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

OFFICERS/DIRECTORS
PERFORMA, INC.

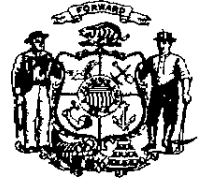
<u>NAME</u>	<u>POSITION/TITLE</u>	<u>BUSINESS ADDRESS</u>
Jeffrey W. Kanzelberger	Director/President	301 N. Broadway Suite 201, Box 5156 De Pere, WI 54115
Douglas R. Page	Director/Secretary/ Treasurer	301 N. Broadway Suite 201, Box 5156 De Pere, WI 54115
Thomas J. Gavic	Director/ Vice-President	301 N. Broadway Suite 201, Box 5156 De Pere, WI 54115
Steve Hartwell	Director/Assistant Vice-President	301 N. Broadway Suite 201, Box 5156 De Pere, WI 54115
Eric B. Rhodehamel	Director/Assistant Vice-President	301 N. Broadway Suite 201, Box 5156 De Pere, WI 54115

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JELLAHASSEE, FLORIDA

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United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

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

PERFORMA, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is NOVEMBER 1, 1995.

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 February 19, 2004.

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

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

BY: A handwritten signature in dark ink, appearing to read "Patricia Weber".

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.