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Florida Department of State
Division of Corporations
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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. OSI RECOVERY SOLUTIONS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

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

3. 43-1901709

(FBI number, if applicable)

4. 09/27/20

(Date of incorporation)

5. Perpetual

(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. 2520 S 170th Street, PO Box 510955, New Berlin, WI 53151

(Principal office address)

same

(Current mailing address)

8. Collection of Accounts Receivable

(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: c/o CT Corporation System, 1200 South Pine Island

Plantation

(City)

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.

CT Corporation System

By: 

(Registered agent's signature)

Christine M. Eastwine
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:

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Gary L. Weller

Address: 390 S Woods Mill Rd, Suite 350

Chesterfield, MO 63017

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Gary L. Weller

Address: 390 S Woods Mill Rd, Suite 350

Chesterfield, MO 63017

Vice President: Richard N. Seeling

Address: 2520 S 170th Street, PO Box 510955

New Berlin, WI 53151

Secretary: Richard N. Seeling

Address: 2520 S 170th Street, PO Box 510955 New Berlin, WI 53151

Treasurer: Gary L. Weller

Address: 390 S Woods Mill Rd, Suite 350 Chesterfield, MO 63017

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

13. Richard N. Seeling
(Signature of Director or Officer listed in number 12 of the application)

14. Richard N. Seeling, Secretary / Vice President
(Typed or printed name and capacity of person signing application)

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STATE OF FLORIDA

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Attachment

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Attachment to Florida
Officers & Directors

-
- 1. Full Name: Gary L. Weller
 Officer/Director: Officer, Director
 Officer's Title: President/Treasurer
 Director's Title: Other Director
 Business Address: 390 S Woods Mill Rd, Suite 350
 City: Chesterfield
 State: MO
 ZIP Code: 63017

 - 2. Full Name: Richard N. Seeling
 Officer/Director: Officer
 Officer's Title: Vice President/Secretary
 Business Address: 2520 S 170th Street, PO Box 510955
 City: New Berlin
 State: WI
 ZIP Code: 53151

 - 3. Full Name: Richard C. Hoffman
 Officer/Director: Officer
 Officer's Title: Assistant Secretary
 Business Address: 390 S Woods Mill Rd, Suite 350
 City: Chesterfield
 State: MO
 ZIP Code: 63017

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OSI RECOVERY SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

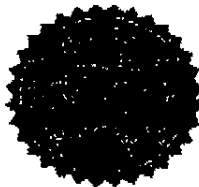
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TALLAHASSEE, FLORIDA

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3207540

DATE: 06-30-04