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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

RSM McGladrey Insurance Services, Inc

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JK
12/29/2004

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. RSM McGladrey Insurance Services, 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. 20-1829013

(FEI number, if applicable)

4. 10/25/2004

(Date of incorporation)

5. Perpetual

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

6. 01/01/2005

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4400 Main Street, Kansas City, MO 64111

(Principal office address)

same

(Current mailing address)

8. Provide benefits/insurance brokerage services.

(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

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: [Signature]

(Registered agent's signature)

John J. Linnihan, Asst. Vice President

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:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Mark ErnstAddress: 4400 Main StreetKansas City, MO 64111Director: Steven TaitAddress: 4400 Main StreetKansas City, MO 64111**B. OFFICERS**President: Steven TaitAddress: 4400 Main StreetKansas City, MO 64111Vice President: Robert DigbyAddress: 3600 Mansell Rd., Suite 300Alpharetta, GA 30022Secretary: Debra HovlandAddress: 3600 American Blvd W. Bloomington, MN 55431-4502Treasurer: Becky ShulmanAddress: 4400 Main Street Kansas City, MO 641112004 DEC 29 AM 8:42
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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Director or Officer listed in number 12 of the application)14. Budi Weinberg - VP
(Typed or printed name and capacity of person signing application)

Attachment to Florida

Officers & Directors

-
- | | | |
|----|-------------------|----------------------------------|
| 1. | Full Name: | Steven Tait |
| | Officer/Director: | Officer, Director |
| | Director's Title: | Other Director |
| | Business Address: | 4400 Main Street |
| | City: | Kansas City |
| | State: | MO |
| | ZIP Code: | 64111 |
| 2. | Full Name: | Robert Digby |
| | Officer/Director: | Officer |
| | Business Address: | 3600 Mansell Rd., Suite 500 |
| | City: | Alpharetta |
| | State: | GA |
| | ZIP Code: | 30022 |
| 3. | Full Name: | Rene Ordogne |
| | Officer/Director: | Officer |
| | Business Address: | 3600 American Blvd. W., 3rd Flr. |
| | City: | Bloomington |
| | State: | MN |
| | ZIP Code: | 55431-4502 |
| 4. | Full Name: | Rudi Weinberg |
| | Officer/Director: | Officer |
| | Business Address: | 20950 Warner Center Lane |
| | City: | Woodland Hills |
| | State: | CA |
| | ZIP Code: | 91367 |
| 5. | Full Name: | Becky Shulman |
| | Officer/Director: | Officer |
| | Business Address: | 4400 Main Street |
| | City: | Kansas City |
| | State: | MO |
| | ZIP Code: | 64111 |
| 6. | Full Name: | Debra Hovland |
| | Officer/Director: | Officer |
| | Business Address: | 3600 American Blvd W. |
| | City: | Bloomington |
| | State: | MN |
| | ZIP Code: | 55431-4502 |
| 7. | Full Name: | R. Bruce Daise |
| | Officer/Director: | Officer |
| | Business Address: | 4400 Main Street |
| | City: | Kansas City |
| | State: | MO |

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Delaware

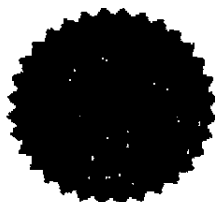
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RSM MCGLADREY INSURANCE SERVICES, 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 TWENTIETH DAY OF DECEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3565176

DATE: 12-20-04