Division of Corporations Public Access System

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FOREIGN PROFIT QUALIFICATION

National Worksite Benefits, Inc.

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CT CORP

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312 263 0124

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.

	to Benefits, Inc. orporation; must include "INCO!	ያውሰው ልተዋው ም ማስ ነ ለብ	ANY " "COPPORATION"	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	MOMIND, COM	Att, Cold Matton,	
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(If name mayaik	shie in Florida, enter alternate co	prograte name adopted f	or the purpose of transacting busi	ness in(Florida)
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Wiscousin		3. 3 <u>9-17910</u>		- Z
(State or country	under the law of which it is incor	thousted)	(FEI number, if applicable	
May 17, 1994		5. Perpetual		100
	of incorporation)	(Duratio	n: Year corp, will cease to exist	or "peapetual"
Upon receipt of a	roency license		•	3000
Opon source	(Date first transac	ted business in Florida,	if prior to registration)	1 3
	(SEE SECTIONS 607.1	1501 & 607.1502, P.S.,	to determine penalty liability)	-
1035 West Glen (Oaks Lane Suite 200 Mequon W	7 53092		
		pal office address)		
and much bules t	also Farmer Codds			
ON PIEIG DIIVE I	ake Forest IL, 60045	nt mailing address)		-
	· (outo	SA TIMETHER WITH GOD'S	•	Avenue Avenue
Health and Tife	Y D_11-Iv_vi		*	
	Insurance Solicitation) of corporation authorized in ho	unse state or complex to b	A carried out in state of Vlerida)	
£ 1217DCTEF1 1			a assessed date the deman OF I follows.	
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•	et address of Florida registered	· •	OT_acceptable)	
Name and stree	t address of Florida registered	· •	OT_acceptable)	
•		· •	OT acceptable)	
. Name and <u>stree</u> Name:	t address of Florida registered	i agent: (P.O. Box N	OT_acceptable)	
Name and stree	ct address of Florida registered C T Corporation System 1200 South Pine Island Road	i agent: (P.O. Box N		
Name and stree	C T Corporation System 1200 South Pine Island Road Plantation	i agent: (P.O. Box N	orida <u>33324</u>	
. Name and stree Name:	ct address of Florida registered C T Corporation System 1200 South Pine Island Road	i agent: (P.O. Box N		
Name and stree Name: Office Address: O. Registered ag	CT Corporation System 1200 South Pine Island Road Plantation (City)	i agent: (P.O. Box N	orida <u>33324</u> (Zip code)	
Name and stree Name: Office Address: O. Registered ag Javing been nam	C T Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: ed as registered agent and to	accept service of pro	orida <u>33324</u> (Zip code) cess for the above stated corp.	pration at the place
Name and stree Name: Office Address: O. Registered aguaring been namesignated in this	C T Corporation System 1200 South Pine Island Road Plantation (City) gent's acceptance: ed as registered agent and to application, I hereby accept to	accept service of pro	orida <u>13324</u> (Zip code) cess for the above stated corp. egistered agent and agree to a	al in this canacity
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12. Names and business addresses of officers and/or directors: PLOTS - OR/DIVING C T System Online

^{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.

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A. DIRECTORS

Chairman:				70.
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Director:		}		SERVICE TO
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Director:		<u> </u>		
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B. OFFICE	रङ		* <u>*</u>	
President:		<u> </u>		
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Vice President:	:	4674 350 g	<i>₩</i>	
Address:				
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Secretary:	<u> </u>			
Address:				
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Address:				
		112		
NOTE: If no	ceasary you pray	much an addendum to	the application listing addition	al officers and/or directors.
13	1 1	alektralle		
	(Signatu	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	r listed in number 12 of the app	dication)
14		Danie 1 A	1) ohne The E	xecutive Vice President

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2005 DIRECTORS/OFFICERS NATIONAL WORKSITE BENEFITS, INC.

David M. McDonough, Chairman 400 Field Drive Lake Forest IL 60045 SS# 042-50-7350 D.O.B. 11/18/52

Daniel A. Johnson, Director, Executive Vice President 1035 West Glen Oaks Lane #200 Mequon WI 53092 SS# 393-62-4615 D.O.B. 11/10/56

J. Brinke Marcuccilli, Director 400 Field Drive Lake Forest IL 60045 SS# 403-80-0920 D.O.B. 8/8/54

Christopher J. Martin, Director, COO and President 400 Field Drive Lake Forest IL. 60045 SS# 049-68-9492 D.O.B. 7/2/65

Joseph Pray, Director, Executive Vice President 400 Field Drive Lake Forest IL 60045 SS# 365-30-4362 D.O.B. 7/30/56

Sandra J. Przybyszewski, Director and Secretary 400 Field Drive Lake Forest IL 60045 SS# 326-52-4774 D.O.B. 2/23/63

Mark W. Sebmidt, Director 400 Field Drive Lake Forest IL 60045 SS# D.O.B.

Martin F. Traynor, Director 1035 West Glen Oaks Lane #200 Mequon WI 53092 SS# 114-38-8672 D.O.B. 10/12/46



P. 25

Warren Schreier, Director 400 Field Drive Lake Forest IL 60045 SS# 338-40-0648 D.O.B. 8/9/47

Paul Schuster, CFO 400 Field Drive Lake Forest IL 60045 35# 351-38-9469 D.O.B. 10/13/52

Terence Zastrow, Assistant Vice President 1035 West Glen Oaks Lane #200 Mequon WI 53092 SS# 394-50-1774 D.O.B. 3/14/64

There is zero percent ownership by any individual named herein. National Worksite Benefits, Inc., is a wholly owned subsidiary of Trustco Holdings, Inc.

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United States of America State of Wisconsid

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

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

NATIONAL WORKSITE BENEFITS, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 17, 1994.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have bereunto set my hand and affixed the official seal of the Department on November 18, 2004.

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

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.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

7745-DE091974