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June 4, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: OSI PORTFOLIO SERVICES, INC.
REF: W07000026485

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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Valerie Herring
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P.O BOX 6327 - Tallahassee, Florida 32314

**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 PORTFOLIO 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. 51-0369044

(FEI number, if applicable)

4. 09/20/1995

(Date of incorporation)

5. Perpetual

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

6. 06/01/2007

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

7. 2452 Commerce Ave., Bldg. 2100, Duluth, GA 30096

(Principal office address)

2520 S. 170th Street, PO Box 510955, New Berlin, WI 53151-0955

(Current mailing address)

8. Parent/Holding and Accounts Receivable Purchase

(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: C T 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.

C T Corporation System

By: Connie Bryan

(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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Kevin T. Keleghan

Address: 2150 E. Lake Cook Rd., Suite 500

Buffalo Grove, IL 60089

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Kevin T. Keleghan

Address: 2150 E. Lake Cook Rd., Suite 500

Buffalo Grove, IL 60089

Vice President: John P. Stetzenbach

Address: 200 S. Executive Drive, 3rd Floor

Brookfield, WI 53008

Vice President/ Secretary: Richard N. Seeling

Address: 2520 S. 170th Street, New Berlin, WI 53151

Treasurer: John P. Stetzenbach

Address: 200 S. Executive Drive, 3rd Floor, Brookfield, WI 53008

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, Vice President / Secretary
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

1	Full Name:	Richard C. Hoffman
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	390 S. Woods Mill Rd., Suite 350
	City:	Chesterfield
	State:	MO
	ZIP Code:	63017
2	Full Name:	Celia Sellers-Gordon
	Officer/Director:	Officer
	Officer's Title:	Vice President
	Director's Title:	
	Business Address:	2425 Commerce Ave., Bldg. 2100, Suite 100
	City:	Duluth
	State:	GA
	ZIP Code:	30096

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OSI PORTFOLIO 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 THIRTY-FIRST DAY OF MAY, A.D. 2007.

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

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

2543439 8300

070657258



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5720652

DATE: 05-31-07