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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION

Essex Administrative Services, Inc.

| | |
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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.

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1. Essex Administrative 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. Missouri

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

3. 43-1826684

(FEI number, if applicable)

4. 08/21/1998

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. 12399 Gravois Road, St. Louis, MO 63127

(Principal office address)

5800

(Current mailing address)

8. SEE ATTACHMENT

(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, Florida 33324

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept services 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. Linnell, 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 SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Steve Pete Gaal III

Address: 12399 Gravois Road

St. Louis, MO 63127

Vice President: _____

Address: _____

Secretary: David Wayne Haynes

Address: 12399 Gravois Road, St. Louis, MO 63127

Treasurer: _____

Address: _____

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

13.  _____

(Signature of Director or Officer listed in number 12 of the application)

14. David W. Haynes, Secretary

(Typed or printed name and capacity of person signing application)

**Attachment to Florida
Purpose Clause**

The purpose of the corporation is to provide third party administrative services for one or more self-insured groups and select insurance carriers domiciled inside or outside of the state.

Officers & Directors

- | | | |
|---|-------------------|---------------------|
| 1 | Full Name: | Steve Pete Gaal III |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President |
| | Director's Title: | Director |
| | Business Address: | 12399 Gravois Road |
| | City: | St. Louis |
| | State: | MO |
| | ZIP Code: | 63127 |
| 2 | Full Name: | David Wayne Haynes |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Secretary |
| | Director's Title: | Director |
| | Business Address: | 12399 Gravois Road |
| | City: | St. Louis |
| | State: | MO |
| | ZIP Code: | 63127 |
| 3 | Full Name: | Jane E. Stanhans |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Director's Title: | Director |
| | Business Address: | 12399 Gravois Road |
| | City: | St. Louis |
| | State: | MO |
| | ZIP Code: | 63127 |

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TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Robin Carnahan
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

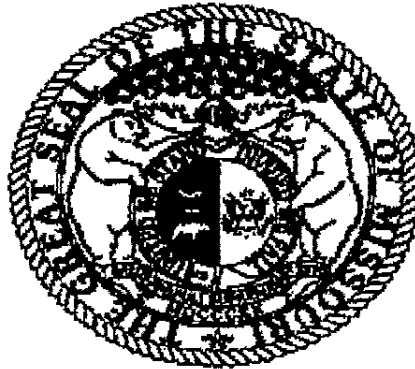
**ESSEX ADMINISTRATIVE SERVICES, INC.
00459568**

was created under the laws of this State on the 21st day of August, 1998, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 10th day of October, 2007

Robin Carnahan

Secretary of State



Certification Number: 10139525-1 Reference:
Verify this certificate online at: <http://www.sos.mo.gov/businessentity/verification>

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TALLAHASSEE, FLORIDA

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