

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

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OREIGN PROFIT/NONPROFIT CORPORATION

The Management Compensation Group/Southeast Incorporated

Certificate of Status	0
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Corporate Filing Menu

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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.

(State of contrary	Andread Control of the Control of th	3.	30-0106494
· Adventes	under the law of which it is incorporated)		(FEI number, if applicable)
(Date	of incorporation)	5.	Perpetual (Duration: Year corp. will cease to exist or "perpetual")
. Upon Qualifica	•		•
	(Date first transacted busine		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
c/o Baiser Co.,	3445 Peachtree Road, NB, Suite 200, Atlan		
	(Principal office		(688)
c/o NFP, 340 M	adison Ave. 19th FL, New York, NY 1017		
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	(Current mailing		ress)
A licensed insu (Purpose((Current mailing	addı	nuntry to be carried out in state of Florida)
3. A licensed insu (Purpose((Current mailing ance agency s) of corporation authorized in home state of	addı	nuntry to be carried out in state of Florida)
3. A licensed insu (Purpose() O. Name and street	(Current mailing rance agency s) of corporation authorized in home state of address of Florida registered agent: (addı	nuntry to be carried out in state of Florida)
3. A licensed insu (Purpose()). Name and stree Name:	(Current mailing rance agency and of corporation authorized in home state of address of Florida registered agent: (CT Corporation System	addı	nuntry to be carried out in state of Florida)

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 baving custody of corporate records in the jurisdiction

under the law of which it is incorporated.

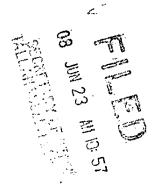
12. Names and business addresses of officers and/or directors:

	OS JUN 2
A. DIRECTORS	76 CD 23 AM
Chairman: SEE ATTACHMENT	4 8 12 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Address:	
Vice Chairman:	
Address:	
Director:	
Director:	
Address:	
e e e e e e e e e e e e e e e e e e e	
Director:	
Address:	
B. OFFICERS	
President: SEE ATTACHMENT	
Address:	
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	· · · · · · · · · · · · · · · · · · ·
Secretary:	
Address:	
•	
Address:	
NOTE: If necessary, you may attach an add	dendim to the application listing additional officers and/or directors.
13. Mun (9x	
(Signature of Director	r or Officer listed in number 12 of the application)
14. Mirium Kutz, Asst. Secretary	
(Typed or printed n	ame and capacity of person signing application)

增生的基件。	Management Sprinter
	The Management Compensation Group/Southeast
Entity Name	Incorporated
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Maine	THE CALL STREET, STREE	Tide Role
Balser, Laura G.	Director	Director
Folan, William J.	Director	Director
Russell, Oscar C.	Director	Director
Zuccaro, Robert S.	Director	Director
Balser, Laure G.	Senior Vice President	Officer
Cahillane, Christopher J.	Vice President	Officer
Davis, Kent A.	Vice President	Officer
Felts, Kenneth L.	Chlaf Administrative Officer	Officer
Feits, Kenneth L.	Chief Financial Officer	Officer
Felts, Kenneth L.	Secretary	Officer
Feits, Kenneth L.	Senior Vice President	Officer
Folan, William J.	Executive Vice President	Officer
Hill, Fred	Executive Vice President	Officer
Hinkson, Malika S.	Vice President	Officer
Katz, Miriam I.	Assistant Secretary	Officer
Kroell, Edward H.	Vice President and Director	Officer
Lieser, Lori M.	Vice President	Officer
Martin, Eric R.	Chief Technology Officer	Officer
Martin, Erio A.	Senior Vice President	Officer
McPherson, Peggy C.	Controller	Officer
Russell, Oscar C.	President and Chief Executive Officer	Officer
Shadomy, Barbara:L.	Senior Vice President	Officer
Wehmeler, Richard H.	Executive Vice President	Officer

Mailing Address for all Directors and Officers: c/o NFP 340 Madison Avenue, 19th Floor, New York, NY 10173



Control No. 0236236

STATE OF GEORGIA

Secretary of State Corporations Division

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

THE MANAGEMENT COMPENSATION GROUP/SOUTHEAST INCORPORATED

Domestic Profit Corporation.

was formed or was authorized to transact business on 07/12/2002 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 21st day of May, 2008

Karen C Handel Secretary of State

Kaien C. Handel

Certification Number: 2926830-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp