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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

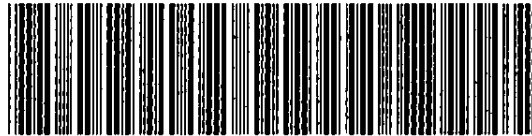
(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B McKnight NOV 13 2009

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Consumer Program Administrators, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Matthew Knapp

Name of Person

The Warranty Group

Firm/Company

175 W. Jackson Blvd., 11th Floor

Address

Chicago, Illinois 60604

City/State and Zip code

matthew.knapp@us.thewg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Knapp

Name of Person

at ( 312 ) 356-2596

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Cop    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Consumer Program Administrators, 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. Illinois

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

3. 36-3934857

(FEI number, if applicable)

4. 01/05/1994

(Date of incorporation)

5. Perpetual

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

6. \_\_\_\_\_

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

7. 175 W. Jackson Blvd., 11th Floor, Chicago, Illinois 60604

(Principal office address)

175 W. Jackson Blvd., 11th Floor, Chicago, Illinois 60604

(Current mailing address)

8. Service contract provider

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

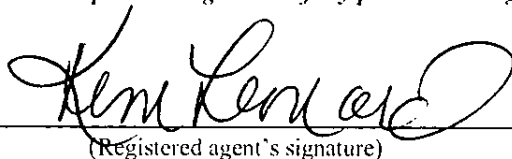
, Florida 32301

(Zip code)

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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.*



(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:

**A. DIRECTORS**

Chairman: David L. Cole

Address: 175 W. Jackson Blvd., 11th Floor, Chicago, Illinois 60604

Vice Chairman: Mark H. Mishler

Address: 175 W. Jackson Blvd., 11th Floor, Chicago, Illinois 60604

Director: Ronald D. Markovits

Address: 175 W. Jackson Blvd., 11th Floor, Chicago, Illinois 60604

Director: John H. Serafin

Address: 175 W. Jackson Blvd., 11th Floor, Chicago, Illinois 60604

**B. OFFICERS**

President: Mark H. Mishler

Address: 175 W. Jackson Blvd., 11th Floor, Chicago, Illinois 60604

Vice President: Patrick K. Donahue

Address: 175 W. Jackson Blvd., 11th Floor, Chicago, Illinois 60604

Secretary: Ronald D. Markovits

Address: 175 W. Jackson Blvd., 11th Floor, Chicago, Illinois 60604

Treasurer: Kevin P. Diamond

Address: 175 W. Jackson Blvd., 11th Floor, Chicago, Illinois 60604

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

13. \_\_\_\_\_

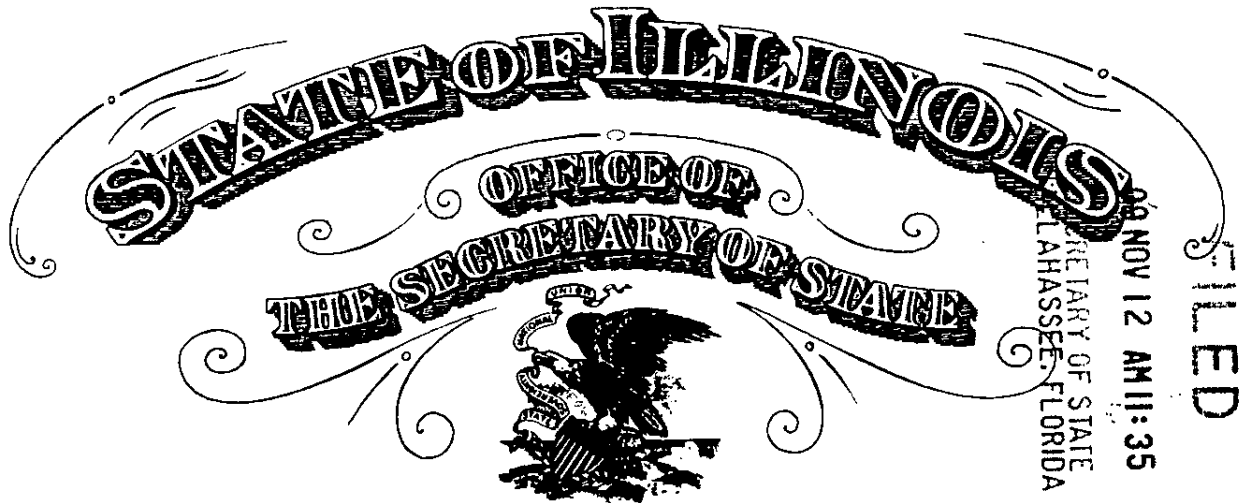
(Signature of Director or Officer listed in number 12 of the application)

14. Ronald D. Markovits, Secretary

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

File Number 5762-553-8



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

CONSUMER PROGRAM ADMINISTRATORS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 05, 1994, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0930901888

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of NOVEMBER A.D. 2009 .*

*Jesse White*

SECRETARY OF STATE