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Florida Department of State
Division of Corporations
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To:
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION
PRINCIPAL WELLNESS COMPANY**

Certificate of Status	0
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Doreen Wallace
Customer Service Specialist
Corporation Service Company
800-927-9801 ext. 2928
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDASECRETARY OF STATE
TALLAHASSEE, 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. Principal Wellness Company

(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. Indiana 3. 35-1852246
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 28, 1992 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 711 High Street, Des Moines, IA 50392
(Principal office address)
c/o Pat Barry, 711 High Street, Des Moines, IA 50392
(Current mailing address)

8. Any and all lawful business
(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, Florida 32301
(City) (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.

Corporation Service Company

By: Jacqueline N. Casper Jacqueline N. Casper, Assistant VP
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORSChairman: See Attached List.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. Patricia A. Barry, Assistant Corporate Secretary

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Position Held	Name	Title
Director	David J. McNichols	
Director	Naim A. Munir	
Director	Randall B. Odzer	
Director	G. David Shafer	
Director & Officer	Lee Dukes	President Wellness
Officer	Karen Elizabeth Shaff	Executive Vice President/General Counsel
Officer	Joyce Nixon Hoffman	Senior Vice President/Corporate Secretary
Officer	Craig Lawrence Bassett	Vice President/Treasurer
Officer	Randall B. Odzer	CFO - Health
Officer	Luai Amro	Assistant Director - Sourcing
Officer	Patricia A. Barry	Assistant Corporate Secretary
Officer	Dana L. Drape	Assistant General Counsel
Officer	Carlton J. Gausman	Assistant Director - Contract Development
Officer	Peter Iverson	Counsel
Officer	Sharon F. Steffen	Assistant Director - Sourcing
Officer	Patricia R. Van Thomme	Assistant Vice President/Sourcing/Supplier Management
Officer	Kelly Witt	Director/Business Operations

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

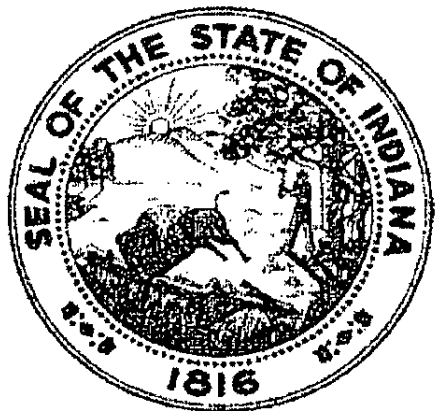
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

PRINCIPAL WELLNESS COMPANY

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 28, 1992, and was in existence or authorized to transact business in the State of Indiana on July 28, 2010.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Eighth Day of July, 2010.

TODD ROKITA, Secretary of State

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