# Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 : (850)521-1000 Phone Eax Number : (850)558-1515

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Email Address:

### FOREIGN PROFIT/NONPROFIT CORPORATION AMERICAN BENEFIT PLAN ADMINISTRATORS, INC.

Certificate of Status	. 0
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

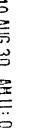
	t Plan Administrators, Inc.		•	<del></del>
	rporation; must include "INCORPORA"! rp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
Of name unavaila	ble in Florida, enter alternate corporate na	ıms	adopted for the purpose of transacting business in l	Florida)
			07.1700007	,
2. California	under the law of which it is incorporated)	_ 3.	95-1702986	<del></del>
(State or country i	inder the law of which it is incorporated)		(FEI number, if applicable)	
4. 8/4/67		5,	Perpetual	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perp	etual'')
6	(Data Fount house and ad house		n Florida, if prior to registration)	
			502, F.S., to determine penalty liability)	<b>400</b> 0
7. 1325 N. Grand Av	ve. Covina, CA 91724			
	(Principal office	add	ress)	AUG 30
Attn: Legal Dept.	3501 Frontage Rd. Tampa, FL 33607			一数军 2
	(Current mailing	ado	ress)	<b>新</b> 老 二
				그 그 그
8. Third Party Adm	inistrator			
(Purpose(s	) of corporation authorized in home state	or c	ountry to be carried out in state of Florida)	
9. Name and stree	t address of Florida registered agent:	(P.C	D. Box NOT acceptable)	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street		<del></del> ,	
	Tallahassee		, Florida 32301	
	(City)		(Zip code)	
Haying been nam designated in this further agree to co and I am fumiliar	application, I hereby accept the appoint of the provisions of all statute with and accept the obligations of my Corporation Service Company  (Registered agent's signate certificate of existence duly authentical	ure)	not more than 90 days prior to delivery of this	is capacity. I ce of my duties,
the Department of			fficial having custody of corporate records in the	

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Ned H. Villers
Address: 333 W. Wacker Dr., Ste. 1620 Chicago, IL 60606
Vice Chairman: Steven D. Cosler
Address: 333 W. Wacker Dr., Stc. 1620 Chicago, 11. 60606
Director; Jeffery W. Bak
Address: 3501 Frontage Rd. Tampa, FL 33607
Director:
Address:
B. ONFICERS
President: Jeffery W. Bak
Address: 3501 Frontage Rd. Tampa, FL 33607
Address: 5501716.mgCvtd.
Vice President: Gregory C. Fisher
Address:
To Start W. Dole
Secretary: Jeffery W. Bak
Address: 3501 Frontage Rd, Tampa, FL 33607
Treasurer: Arthur T. Schultz
Address: 3501 Frontage Rd. Tampa, FL 33607
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
Mark .
(Signature of Director or Officer listed in number 12 of the application)
14. Jeffery W. Bak President
(Typed or printed name and capacity of person signing application)

## AMERICAN BENEFIT PLAN ADMINISTRATORS, INC.

#### ABPA OFFICERS/DIRECTORS

NAME	TIPLE	BESINESS ADDRESS
Jeffery W. Bak	Director, CEO, President &	3501 Frontage Rd.
	Secretary	Tampa, FL 33607
Arthur T. Schultz	Vice President & Treasurer	3501 Frontage Rd.
		Tanipa, FL 33607
Gregory C. Fisher	Sr. Vice President & Controller	3501 Frontage Rd.
	· · · · · · · · · · · · · · · · · · ·	Tampa, FL 33607
Michael R. Whitton	CFO	3501 Frontage Rd.
	<u> </u>	Tampa, FL 33607
Steven D.Cosler	Director	333 W. Wacker Dr.
	1	Suite 1620
		Chicago, IL 60606
Ned H. Villers	Director	333 W. Wacker Dr.
	į.	Suite 1620
		Chicago, H. 60606



#### Fax Server

## State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

AMERICAN DENEFIT PLAN ADMINISTRATORS, INC.

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FILE NUMBER: FORMATION DATE: 08/04/1967

C0530953

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 27, 2010.

> **DEBRA BOWEN** Secretary of State