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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 : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
NATIONAL RESEARCH CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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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.

1. National Research Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

NRCI Corp.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin

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

3. 47-0634000

(FEI number, if applicable)

4. 09/08/1997

(Date of incorporation)

5. perpetual

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

6. 01/01/2011

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

7. National Research Corporation, 1245 Q Street, Lincoln, NE 68508

(Principal office address)

National Research Corporation, 1245 Q Street, Lincoln, NE 68508

(Current mailing address)

8. Market Research/Phone & Mail Surveys for Hospitals, Health Plans, & Long Term Care, Assisted and Independent Living Markets; Conferences

(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)

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: Jane S. Kray

(Registered agent's signature)

Jane S. Kray, Assistant VP

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

A. DIRECTORS

Chairman: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached

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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

14. Linda Stacy Vice President of Finance

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

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Officers/Directors**List of Officers**

Name: Michael D. Hays
1245 Q Street, Lincoln, NE 68508

Title: Chief Executive Officer

Name: Susan L. Henricks
1245 Q Street, Lincoln, NE 68508

Title: President and Chief Operating
Officer

Name: Kevin L. Karas
1245 Q Street, Lincoln, NE 68508

Title: Chief Financial Officer,
Secretary, and Treasurer

List of Directors

Name: JoAnn M. Martin
Ameritas Life Insurance Corp.
5900 "O" Street
Lincoln, NE 68510-2234

Title: Director

Name: John N. Nunnelly
657 S. Pleasant St.
Amherst, MA 01002

Title: Director

Name: Paul C. Schorr III
ComCor Holding, Inc.
6940 "O" Street, Suite 336
Lincoln, NE 68510

Title: Director

Name: Gail L. Warden
Henry Ford Health System
1 Ford Place, 5A
Detroit, MI 48202

Title: Director

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United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Secretary, Department of Financial Institutions, do hereby certify that

NATIONAL RESEARCH CORPORATION

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 8, 1997.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on September 2, 2011.

A handwritten signature in black ink, appearing to be "Ray Allen".

RAY ALLEN, Deputy Secretary
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: 96351-44AA41B