

F11000003752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Burch SEP 19 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: StoneRiver, 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:

Janell Bishop, Paralegal

Name of Person

Godfrey & Kahn, S.C.

Firm/Company

780 N. Water Street

Address

Milwaukee, WI 53202

City/State and Zip code

jbishop@gklaw.com

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

For further information concerning this matter, please call:

Janell Bishop, Paralegal

Name of Person

at (414) 273-3500

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 Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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


StoneRiver InsureWorx, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 20-2298277
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 8, 2004 5. perpetual
(Date of incorporation) (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. 475 14th Street, Suite 850, Oakland, CA 94612
(Principal office address)

Same
(Current mailing address)
8. All lawful activities including providing component-based software solutions to the insurance industry
(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:  Dina Bailey
(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. 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. Julia A. Jensen, Secretary

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

**Officers and Director
of
StoneRiver, Inc.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office/Title	Name	Address
President	Gary Sherne	475 14 th Street, Suite 850 Oakland, CA 94612
Treasurer	David DeClark	250 N. Sunny Slope Road, Suite 110 Brookfield, WI 53005
Assistant Treasurer	Costa John	475 14 th Street, Suite 850 Oakland, CA 94612
Secretary	Julia A. Jensen	250 N. Sunny Slope Road, Suite 110 Brookfield, WI 53005
Controller	Kristine Blommel	250 N. Sunny Slope Road, Suite 110 Brookfield, WI 53005
Director	Kenneth L. Dowd, Jr.	250 N. Sunny Slope Road, Suite 110 Brookfield, WI 53005

Attachment to 2011 Qualification Form

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "STONERIVER INSUREWORX, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "STONERIVER, INC.", THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2010, AT 1:26 O'CLOCK P.M.

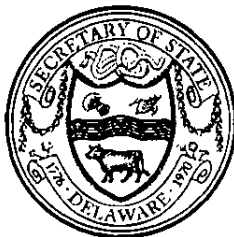
AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

3878431 8320

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You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9001824

DATE: 08-31-11

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TALLAHASSEE FLORIDA