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COVER LETTER

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		nerican Corporation of Illinois	s	
SUBJECT:			ration - must include suffix	
Dear Sir or M	adam:	•		
"Certificate o	f Existence	ion by Foreign Corporation e," or "Certificate of Good n corporation to transact be	n for Authorization to Transac Standing" and check are sub- usiness in Florida.	et Business in Florida," mitted to register the
Please return	all corresp	ondence concerning this m	natter to the following:	
Tara M. Anders	son .			
		Nam	e of Person	
Neal Gerber	& Eisenbe	erg LLP		
		Firm	Company/	
2 N. LaSalle S	treet, Ste 1'	700		
		F	Address	_
Chicago, IL 60	602			•
		City/St	ate and Zip code	
Regan@na.com	1			2012 NEC
For further inf	ormation o	E-mail address: (to be u	sed for future annual report nase call:	UN 28 TANY C TASSEE
Rosemarie Egar	1	at ()	
Name	of Person		rea Code & Daytime Telepho	one Number 55
New F Divisi Cliftor 2661 F Tallah	Filing Sect on of Corp n Building Executive assee, FL	oorations Center Circle	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
\$70.00 Fi		\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$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.

		•	
(If name unavai	lable in Plorida, enter alternate corporate name	e adopted for the purpose of transacting business in Flori	ida)
Delaware	3	36-4369474	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
5/15/2000	5	perpetual	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual	<u>i")</u>
upon qualificati	ion		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
2101 Claire Cou	art, Glenview, IL 60025		<u>. </u>
	(Principal office ad	dress)	
SAME		•	
	(Current mailing ad	dress)	281
Distribution, me	arketing services, integrated business solutions	s and operations management company	, ~
,	s) of corporation authorized in home state or c	······································	
		(A) =	28
Name and street	et address of Florida registered agent: (P.	O. Box MOI acceptable)	
Name:	NRAI Services, Inc.	<u> </u>	3
ffice Address:	515 East Park Avenue	TF 44 CD()	<u>5</u>
	Tallahassee	32301	œ
	(City)	, Florida (Zip code)	
	(0.13)	(2.1) 00.00)	
	gent's acceptance:	the state of the s	A
. Registered a	ed as registered agent and to accept serv	ice of process for the above stated corporation at the ment as registered agent and agree to act in this ca	re piace pacity. I
aving been nam	annication. I hereby accept the appoints		معالة بالدائد
aving been nam signated in this rther agree to c	application, I hereby accept the appoints omply with the provisions of all statutes t	relative to the proper and complete performance of	my unites
aving been nam signated in this rther agree to c	application, I hereby accept the appoints	relative to the proper and complete performance of	my aunes

under the law of which it is incorporated.

A. DIRE	CTORS			
Chairman:	See Attachment A			
Address:	-		<u> </u>	<u> </u>
Vice Chair	man:			
				
Director: _				
				_
_				
Director: _				
	·			
_				
B. OFFIC	CERS			
President:	See Attachment A	En	22	
Address: _	·	ECK LLA	2012 J	falve
_		TAI	UN 2	*****
Vice Presid	ent:	Y O	3 8	7-7-
			H 85	(200
_		<u> </u>	50	
Secretary:				
Address: _				
Treasurer:				
Address: _				
NOTE: If	necessary you may attach an addendum to the application listing additional officers and	or direc	tors.	
13	Kommanie lo Ear			
are true and	Signature of Director or Officer or director signing this document (and who is listed in number 12 above) affirms that the distance in that the or she is aware that false information submitted in a document to the Department of the felony as provided for in s.817.155, F.S.	facts state	ated her	rein tutes a
	arie Egan, Vice President			
	(Typed or printed name and capacity of person signing application)			

ATTACHMENT A TO THE FLORIDA APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS OF NORTH AMERICAN CORPORATION OF ILLINOIS

President & Director:

John A. Miller 2101 Claire Court Glenview, IL 60025

Vice President, Chief Financial Officer &

Assistant Secretary:

Rosemarie Egan 2101 Claire Court Glenview, IL 60025

Secretary & Director:

Iris A. Miller 2101 Claire Court Glenview, IL 60025

Treasurer:

Dale Gruetzmacher 2101 Claire Court Glenview, IL 60025

2012 JUN 28 AH B: 56

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NORTH AMERICAN CORPORATION OF

ILLINOIS" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

TWENTY-SIXTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2012 JUN 28 AM 18: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3228810 8300

120776599

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 9669536

DATE: 06-26-12

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