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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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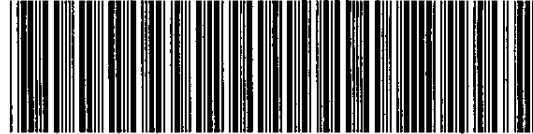
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25/16--01040--012 **78.75

FILED
2016 APR 28 P 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CompServices, 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:

Jonathan Mervine

Name of Person

CompServices, Inc.

Firm/Company

1901 Market Street, 43rd Floor

Address

Philadelphia, PA 19103

City/State and Zip code

jonathan.mervine@ibx.com

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

For further information concerning this matter, please call:

Jonathan Mervine

at (215) 241-3512

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

2018 APR 28 P 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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.*

CompServices, Inc.

1.

(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.

Pennsylvania

25-1686685

3.

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

(FEI number, if applicable)

06/08/1992

4.

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6.

N/A

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

7.

11 Stanwix Street, Suite 725, Pittsburgh, PA 15222

(Principal office address)

1700 Market Street, Suite 700, Philadelphia, PA 19103

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, FL

(City)

, Florida 33324
(Zip code)

9. 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.

Stefania Rocco Vice President STEFANIA ROCCO
(Registered agent's signature)

10. 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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: See Attached List

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached List

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.

12. David Cuccinotta

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. David R. Cuccinotta, Vice President, Finance and Administration

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

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2016 APR 28 PM 4:00
STATE
TALLAHASSEE, FLORIDA

CompServices, Inc.

Officer and Director List

Richard J. Neeson	Director (Chairman)
Alan Krigstein	Director
Donald J. Liskay	Director
Richard J. Neeson	Chairman of the Board
Donald J. Liskay	President and Chief Executive Officer
R. Mark Adams	Vice President, Sales and Underwriting
David R. Cucinotta	Vice President, Finance and Administration - CSI
Jennifer M. Dragoun, M.D.	Vice President and Chief Medical Officer
Glenn R. Giveans	Vice President, Sales and Marketing - CSI
Lee J. Herzer	Vice President, Operations
Alan Krigstein	Executive Vice President, Chief Financial Officer and Treasurer
Richard F. Levins, Esq.	Assistant Secretary
Lilton R. Taliaferro, Jr., Esq.	Secretary

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

04/05/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

COMPSERVICES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro C. Contes

Secretary of the Commonwealth

Certification Number: TSC160405161963-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>