

FI6000003767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

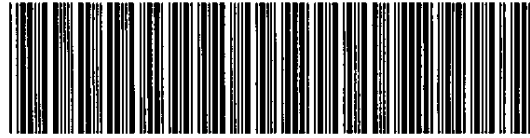
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W16000055893

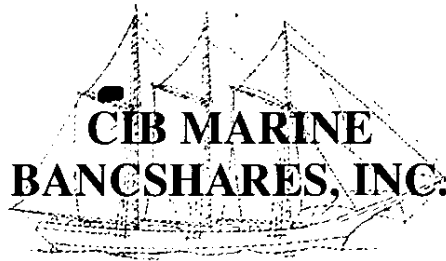
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16 AUG 23 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**VIA FEDERAL EXPRESS - OVERNIGHT**

August 22, 2016

Ms. Octavia I Simmons, Regulatory Specialist II  
Florida Department of State – Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: CIBM Bank (Ref #: W16000055893)

Ms. Simmons:

Per your request dated August 11, 2016 (Letter #116A00017030), enclosed please find a copy of a letter dated August 10, 2016, from Mr. J. Martin Stubblefield, Director of the Florida Office of Financial Regulation, Division of Financial Institutions, confirming that his office does not object to the use of "Bank" in the name "CIBM Bank".

I have also enclosed CIBM Bank's original Application by Foreign Corporation for Authorization to Transact Business in Florida, and a copy of same, pursuant to your request.

Thank you for your attention to this matter. Should you have any additional questions or comments, please do not hesitate to contact me at the phone number listed below, or via email at [Elizabeth.Neighbors@cibmarine.com](mailto:Elizabeth.Neighbors@cibmarine.com).

Respectfully,

Elizabeth Neighbors  
Paralegal



# FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

**DREW J. BREAKSPEAR**  
COMMISSIONER

August 10, 2016

Ms. Elizabeth Neighbors  
1930 W. Bluemound Rd  
Suite D  
Waukesha, WI 53186

Re: CIBM Bank

Dear Ms. Neighbors:

Reference is made to your recent letter requesting approval to register the above-referenced fictitious name with the Florida Secretary of State by CIBM Bank, which is an Illinois state-chartered bank headquartered in Champaign, Illinois.

Section 655.922, Florida Statutes, exempts a financial institution, holding company or its subsidiaries from the prohibition of using the word "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in its corporate name. Therefore, this Office will not object to the use of the above referenced name being registered to transact business in the state of Florida. However, this correspondence is not intended to grant the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Martin Stubblefield", is positioned above the printed name.

J. Martin Stubblefield  
Director  
Division of Financial Institutions

JMS:dlb

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State

**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. CIBM Bank  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Marine Bank or Avenue Bank  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Illinois 3. n/a  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/20/1920 5. perpetual  
(Date of incorporation) (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. 2913 W. Kirby Avenue, Champaign, Illinois 61821  
(Principal office address)
- 1930 W. Bluemound Road, Suite D, Waukesha, WI 53186  
(Current mailing address, if different)

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

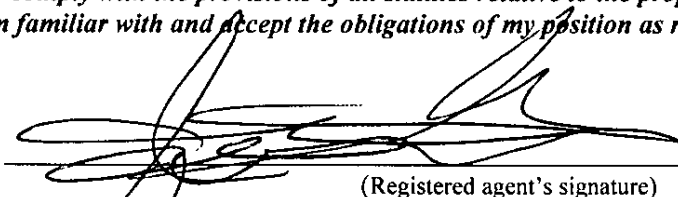
Name: Joseph Arie

Office Address: 4700 Millenia Blvd, Suite 175  
Orlando, Florida 32839  
(City) (Zip code)

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16 AUG 23 PM 4:05  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**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.*

  
(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.

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

**A. DIRECTORS**

Chairman: Please see the attached listing.

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Please see the attached listing.

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.  \_\_\_\_\_  
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. Daniel J. Rasmussen, Chief Administrative Officer, General Counsel & Secretary.

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

**FILED**  
16 AUG 23 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CIBM BANK

## **DIRECTORS & EXECUTIVE OFFICERS**

All Directors and Executive Officers may be contacted at 1930 West Bluemound Road, Suite D, Waukesha, Wisconsin 53186.

### **Board of Directors**

Chuck Baker  
Willard Bunn  
Brian Chaffin  
Mark Elste, Chairman  
John Hickey  
Gary Longman  
Charlie Mires  
Ron Rhoades

### **Executive Officers**

J. Brian Chaffin, President & CEO  
Patrick J. Straka, Chief Financial Officer  
Daniel J. Rasmussen, Chief Administrative Officer, General Counsel & Secretary  
Paul C. Melnick, Chief Credit Officer



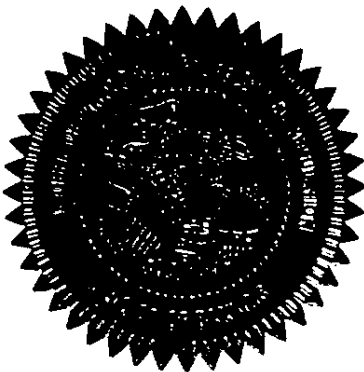
*State of Illinois*  
*Department of Financial and Professional Regulation*  
*Division of Banking*

*Date:* July 25, 2016

*Certificate*

I, **MARC A. EDWARDS**, do hereby certify that, according to the records maintained by the Illinois Department of Financial and Professional Regulation, Division of Banking, **CIBM BANK, CHAMPAIGN COUNTY, CHAMPAIGN, ILLINOIS**, has held and continues to hold authority to do a general banking business as provided by the Illinois Banking Act and as permitted by its charter.

IN TESTIMONY WHEREOF, I hereby subscribe  
my name.



DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION of the  
State of Illinois;  
BRYAN A. SCHNEIDER, SECRETARY

DIVISION OF BANKING

*Marc A. Edwards*

Marc A. Edwards, Manager  
Bank and Thrift Supervision - Springfield