

12/5/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

The Female Health Company

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDADEC 06 2016
J. HARRIS

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Help

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. THE FEMALE HEALTH COMPANY

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

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

2. Wisconsin 3. 39-1144397
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 4, 1971 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6. UPON FILING

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

7. 150 North Michigan Avenue, Suite 1580, Chicago, Illinois 60601

(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (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.

C T Corporation System

By: Angel Shearer Angel Shearer
Assistant Secretary
(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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Elgar Peerschke
 Address: 150 North Michigan Avenue, Suite 1580, Chicago, Illinois 60601

Vice Chairman: O.B. Parrish
 Address: 150 North Michigan Avenue, Suite 1580, Chicago, Illinois 60601

Director: Mitchell Steiner
 Address: 150 North Michigan Avenue, Suite 1580, Chicago, Illinois 60601

Director: David R. Bethune
 Address: 150 North Michigan Avenue, Suite 1580, Chicago, Illinois 60601

B. OFFICERS

President: and Chief Executive Officer - Mitchell Steiner
 Address: 150 North Michigan Avenue, Suite 1580, Chicago, Illinois 60601

Vice President: and Chief Financial Officer - Daniel Haines
 Address: 150 North Michigan Avenue, Suite 1580, Chicago, Illinois 60601

Secretary: _____
 Address: _____

Treasurer: _____
 Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Mitchell Steiner
 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, P.S.

13. MICHELE GNECO, EVP FINANCE
 (Typed or printed name and capacity of person signing application)

**ADDENDUM TO FLORIDA QUALIFICATION APPLICATION
THE FEMALE HEALTH COMPANY**

Names and Addresses of Officers and Directors (continued)

Additional Directors:

Mario Eisenberger - 150 North Michigan Avenue, Suite 1580, Chicago, IL 60601

Harry Fisch - 150 North Michigan Avenue, Suite 1580, Chicago, IL 60601

Mary Margaret Frank - 150 North Michigan Avenue, Suite 1580, Chicago, IL 60601

Lucy Lu - 150 North Michigan Avenue, Suite 1580, Chicago, IL 60601

Georges Makhoul - 150 North Michigan Avenue, Suite 1580, Chicago, IL 60601

Additional Officer:

Michele Greco, Executive Vice President of Finance – 150 North Michigan Avenue,
Suite 1580, Chicago, IL 60601

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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, DAVID DUECKER, Deputy Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

THE FEMALE HEALTH COMPANY

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 February 4, 1971.

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.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 05, 2016.

A handwritten signature in black ink, appearing to read "David Duecker".

DAVID DUECKER, Deputy Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

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

Enter this code: **189981-7DC680F8**