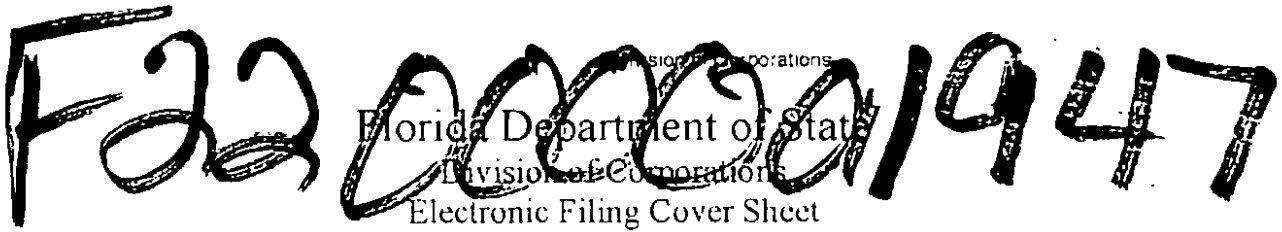


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**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

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

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**National Cooperative Rx Corporation**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

2022 APR -1 PH 3:15

S. HAWKES  
MAR - 2021

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** National Cooperative Rx Corporation  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Deb Steele

Name of Person

National Cooperative Rx

Firm/Company

5510 Research Park Dr.

Suite 150

Address

Fitchburg, WI 53711

City/State and Zip Code

dsteale@nationalcooperativerx.com

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

For further information concerning this matter, please call:

Deb Steele

608

204-7724

at ( )

Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$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

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. National Cooperative Rx Corporation

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

NA

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

2. Wisconsin 3. 04-3775178  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 09/16/2003 5. perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 01/01/2022  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5510 Research Park Dr., Suite 150, Fitchburg, WI 53711  
(Principal office street address)

(Current mailing address, if different)

8. Pharmaceutical benefits management consulting.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the 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 32031  
(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:

Alexis Weibull, assistant vice president  
(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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

### A. DIRECTORS

☒ Chairman Name: Mark O'Connell  
☐ Vice Chairman Address: 22 E Mifflin St  
☐ Director Madison, WI 53703  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Kim Bauer  
☐ Vice Chairman Address: 1700 Oak Forest DR.  
☒ Director Onalaska, WI 54650  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Don Graham  
☒ Vice Chairman Address: 12712 Park Central Dr. Ste 100  
☐ Director Dallas, TX 75251  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Craig Roush  
☐ Vice Chairman Address: 4343 N. Taylor Avenue  
☒ Director Sheboygan WI 53082  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Pat Shier  
☐ Vice Chairman Address: 3509 E. Serendipity Loop  
☐ Director Wasilla, AK 99654  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary \_\_\_\_\_ ☒ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Jeff Butz  
☐ Vice Chairman Address: 140 North Main  
☒ Director Fond du Lac WI 54935  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

NOTE: Important Notice Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Mark O'Connell  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mark O'Connell, Board Chair  
 (Typed or printed name and capacity of person signing application)

# National Cooperative

## Board of Directors

Name /email/phone	BOD Office	Joined BOD	Address
<b>Mark O'Connell</b> <a href="mailto:o'connell@wicounties.org">o'connell@wicounties.org</a> (608) 663-7188	Chair	March 2016	Wisconsin Counties Association Executive Director 22 E Mifflin St., STE 900 Madison, WI 53703
<b>Don Graham</b> <a href="mailto:dgraham@isasw.org">dgraham@isasw.org</a> (214) 706-5459	Vice Chair	Nov 2017	ISAS Group Benefits Trust Executive Director 12712 Park Central Dr. – STE 100 Dallas, TX 75251
<b>Paul Meyer</b> <a href="mailto:pmeyer@the-alliance.org">pmeyer@the-alliance.org</a> (608) 210-6654	Past Chair	2003	Employer Health Care Alliance Cooperative Chief Operating Officer 5510 Nobel Dr. Madison, WI 53711
<b>Pat Shier</b> <a href="mailto:Pat.Shier@phcoalition.org">Pat.Shier@phcoalition.org</a> (907) 321-3323	Secretary/Treasurer	Dec 2019	Pacific Health Coalition Alaska Membership Representative 3509 E Serendipity Loop Wasilla, AK 99654
<b>Kim Bauer</b> <a href="mailto:kbauer@altra.org">kbauer@altra.org</a> (603) 787-7502		April 2020	Altra Federal Credit Union VP, Human Resources 1700 Oak Forest Dr Orlandaska WI 54650
<b>Craig Roush</b> <a href="mailto:croush@rocklineind.com">croush@rocklineind.com</a> (920) 451-7678		April 2020	Rockline Industries Executive Vice President 4343 N Taylor Ave Sheboygan WI 53082
<b>Jeff Butz</b> <a href="mailto:JButz@faboh.com">JButz@faboh.com</a> O: (920) 924-3780 C: (920) 420-6301		July 2020	FABOH Executive Director 140 North Main Fond du Lac, WI 54935

United States of America

State of Wisconsin

## DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate &amp; Consumer Services



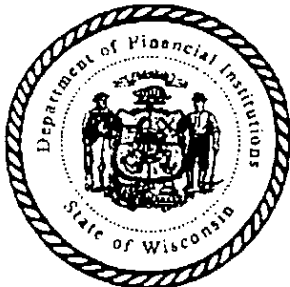
To All to Whom These Presents Shall Come, Greeting:

I, Michelle Y. Knuese, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**NATIONAL COOPERATIVE RX**

is a domestic cooperative organized under the laws of this state and that its date of incorporation is September 16, 2003; and that thereafter a certificate of such filing and grant of corporate powers and privileges was duly issued to said organization as provided by law.

I further certify that it appears from the records of this department that said organization continued and now is a body corporate, duly and legally incorporated, organized and existing by and under the laws of this state, and is in good standing.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 25, 2022.

A handwritten signature in black ink, appearing to read "Michelle Y. Knuese".

MICHELLE Y. KNUESE, 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.wdfi.org/apps/ccs/verify/>

Enter this code: 327035-A7CD6BF0