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COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Baird Trust Company			
.,01,,11,011	Name of corpo	oration - must	include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corporation of Existence." or "Certificate of Gooleed foreign corporation to transact	d Standing" a	nd check are sub	
Please return	all correspondence concerning this	matter to the	following:	
	J. Curtis McCubbin			
	Na	me of Person		
	Baird Trust Company			
	Fin	n/Company		
	500 W. Jefferson Street Suite	2600		
<u> </u>		Address		
	Louisville KY 40202			
	City/S	State and Zip	code	
	CMcCubbin@rwbaird.com			
	E-mail address: (to be	used for futur	e annual report r	notification)
For further in	formation concerning this matter, pl	ease call:		
Julie C	aswell at (41	4) 29	8-7634	
Nam		a Code		hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	
	check for the following amount: leck payable to: FLORIDA DEPART; ling Fee	□ \$78.7	ATE 5 Filing Fee & Ted Copy	 \$87.50 Filling 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.

l. Baird Trust	Company			
(Enter name of co	rporation; must include "INCORPORATED," rp," "Inc." "Co," or "Corp.")	"COMPANY." "CORPORATION	ON."	
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transac	ting business in Florida)	
Kentucky USA 3.		35-2326302		
(State or country	under the law of which it is incorporated)	(FEI number, if	applicable)	
09/24/2021 5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in		915	
	(SEE SECTIONS 607.1501 & 607.150	12, F.S., to determine penalty hab	unty)	
500 W Jeffe	rson Street, Suite 2600, Louisville KY 40202			
	(Principal offic	e <u>street</u> address)		
	(Current mailing	address, if different)		
		D 1/0/2		
. Name and street	address of Florida registered agent: (P.O.	Box NOT acceptable)	-7	
Name:	Corporation Service Company		25E 1741 1742	
Office Address:	1201 Hays Street		FIL 2022 MAR I SECALIVA	
Office Address.	Tallahassee	32301	TASS.	
	(City)	Florida 32301 (Zip code)	Fig IT	
		, ,	PH 12:	
. Registered age	nUs acceptance: ed as registered agent and to accept service	a of process for the above sta		
esignated in this	application, I hereby accept the appointme	e of process for the above statent as registered agent and ag	ree to act in this capacity.	
	mply with the provisions of all statutes rea		lete performance of my du	
nd I am familiar	with and accept the obligations of my post	U U		
	By: Corporation Ser	vice Company		
	Dennifer Wi	1. Weeks		
_	(Registered agent's sig			

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.

SEE ATTACHED A. DIRECTORS Name: Donald L. Asfahl ⊠Chairman □Chairman Name: _____ 500 W. Jefferson Street Suite 2600 Address: Louisville KY 40202 □Vice Chairman ☐ Vice Chairman Address: **©**Director □Director □President □President ☐ Vice President □ Vice President □ Secretary □ Treasurer Secretary J. Curtis McCubbin □Treasurer Chief Operating Officer ☐Other _____ □Other _____ □Other _____ Name: Name: □ Chairman □Chairman □Vice Chairman Address: ☐ Vice Chairman Address: **\Sigma** Director □Director see Next page Mark K. Nickel **EXPresident** □President □Vice President □Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □Other _____ □Other _____ ☐Other ______ □Other _____ □ Chairman Name: ☐ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □President President ☐ Vice President □Vice President □ Secretary □Treasurer □Treasurer ☐ Secretary □Other _____ □Other _____ □Other 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. Cartin 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. J. Curtis McCubbin, Secretary



BAIRD TRUST COMPANY

DIRECTORS & OFFICERS

Address of Directors/Officers located at: 500 West Jefferson Street, Suite 2600 Louisville, KY 40202

Directors

James R. Allen Donald L. Asfahl Mark K. Nickel D. Christian Staples

Officers/Titles

Donald L. Asfahl Chairman
Mark K. Nickel President
D. Christian Staples Chief Operating Officer

J. Curtis McCubbin Secretary

Address of Directors/Officers located at: 777 East Wisconsin Avenue Milwaukee, Wisconsin 53202

Directors

Steven G. Booth Michael J. Schroeder John G. Taft Laura K. Thurow

Officers/Titles

Craig D. Peotter

Finance Director

www.rwburstcom

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 264281

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

BAIRD TRUST COMPANY

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is September 24, 2021 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 1st day of February, 2022, in the 230th year of the Commonwealth.



Michael G. adam

Michael G. Adams Secretary of State Commonwealth of Kentucky 264281/1170092