

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 28 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000910

1. Corporation Name

National Con-Serv, Inc.

2. Principal Office Address

451 Hungerford Dr.

Suite, Apt. #, etc.

Suite 408

City & State

Rockville, MD

Zip

20850

Country

Montgomery

3. Mailing Office Address

P.O. Box 979

Suite, Apt. #, etc.

City & State

Brookfield, WI

Zip

53008-0979 Waukesha

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/01/1993

5. FEI Number

74-1702534

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

800004899663--2

-02/11/02--01059-001

***1093.75 *** 050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

D. D. F.

REGISTERED AGENT MUST SIGN

Date

1/14/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	Leslie M. Muma	255 Fiserv Drive	Brookfield, WI 53045
P	Dennis R. Van Dusen	451 Hungerford Drive	Rockville, MD 20850
SVP/\$	John S. Clayton, Jr.	451 Hungerford Drive	Rockville, MD 20850
VP	Kenneth R. Jensen	255 Fiserv Drive	Brookfield, WI 53045
C/T	Alan V. Pryor	451 Hungerford Drive	Rockville, MD 20850
AS	Charles W. Sprague	255 Fiserv Drive	Brookfield, WI 53045

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Charles W. Sprague

Charles W. Sprague

1/21/02

262-879-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #