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MANAGEMENT SATISFANT

TO: QUALIFICATION OF	ON/TAX LIEN SECTION CORPORATIONS		
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SUBJECT: Tri-	-Merica Securities Corporation	0'	GEO SIMILAR SI SI
	(Name of corporation - must include suffix)		- 46
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Dear Sir or Madam			A STATE OF THE STA
The enclosed "Applications of the control of the co	plication by Foreign Corporation for Auth	orization to Trans	sact Business in
	te of Existence", and check are submitte to transact business in Florida.	a to register the a	bove referenced
	respondence concerning this matter to the	following:	
	respondence concerning this matter to the Kathy Halferty	following:	
	respondence concerning this matter to the Kathy Halferty (Name of Person)		
	Kathy Halferty (Name of Person)	3000)O1446953
	(Name of Person) Tri-Merica Securities Corp. (Firm/Company)	30,00 -04/04/	9501044018
	(Name of Person) Tri-Merica Securities Corp.	30,00 -04/04/	9501044018
	(Name of Person) Tri-Merica Securities Corp. (Firm/Company)	30,00 -04/04/	9501044018
	Kathy Halferty (Name of Person) Tri-Merica Securities Corp. (Firm/Company) 1206 Mulberry (Address)	30,00 -04/04/	9501044018
	Kathy Halferty (Name of Person) Tri-Merica Securities Corp. (Firm/Company) 1206 Mulberry (Address) Des Moines, IA 50309	30,00 -04/04/	9501044018
	Kathy Halferty (Name of Person) Tri-Merica Securities Corp. (Firm/Company) 1206 Mulberry (Address)	30,00 -04/04/	001446953 95-01044-018 0.00 *****70.00
Please return all cor	(Name of Person) Tri-Merica Securities Corp. (Firm/Company) 1206 Mulberry (Address) Des Moines, IA 50309 (City, State and Zip Code)	3000 -04/04/ ******7	9501044018
Please return all cor	Kathy Halferty (Name of Person) Tri-Merica Securities Corp. (Firm/Company) 1206 Mulberry (Address) Des Moines, IA 50309	3000 -04/04/ ******7	9501044018
Please return all cor	(Name of Person) Tri-Merica Securities Corp. (Firm/Company) 1206 Mulberry (Address) Des Moines, IA 50309 (City, State and Zip Code) call someone concerning this matter, pleas at (800) 798 -83	3000 -04/04/ ******7	9501044018

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

1.	Tri-Merica Securities Corporation (Name of corporation: must include the word "INCC/PORATED", "COMPANY", "CORPORATION" b, 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.)
2	IOWA State or country under the law of which it is incorporated) 3. 42-1206074 (FEI number, if applicable)
4.	m = 0 00
	(Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or perpetual)
6.	AUCICIDATED ADTIL 30, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7 .	1206 Mulberry
-	Des Moines, IA 50309
	(Current mailing address)
8	Sale of Mutual Funds & Variable Products
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Floridation
€.	Name and street address of Florida registered agent:
	Name: The Prentice-Hall Corporation System, Inc.
	Office Address: 1201 Hays Street, Suite 105
	Tallahassee , Florida , 32301
_	(Zip Code)
U.	Registered agent's acceptance:

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.

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.

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

12. Names and addresses of officers and/or directors:

TRI-MERICA SECURITIES CORPORATION

OFFICERS & DIRECTORS

1995

Michael E. Scherrman President/Director

Resident Business

2110 NW 138th Street 1206 Mulberry

Clive, Iowa 50325 Des Moines, Iowa 50309

Kathy Halferty
Resident

Vice President
Business

7405 3W 14th 1206 l'/ulberry

Des Moines, IA 50315 Des Moines, IA 50309

Brian Pribyl

Resident

Treasurer/Asst. Secretary

Business

633 53rd Street 1206 Mulberry

West Des Moines, IA 50266 Des Moines, Iowa 50309
Norman Fair Secretary/Vice President/Director

Resident Business
200 South 31st Street 1206 Mulberry

West Des Moines, IA 50265 Des Moines, Iowa 50309

Shane Gleeson Director

Resident Business
3500 Brookview Drive 1206 Mulberry
West Des Moines, IA 50265 Des Moines, Iowa 50309

Ron Butkiewicz Director

Resident Business
1000 Midwest Club Dr. 1206 Mulhe

1000 Midwest Club Dr. Oakbrook, IL 60521 1206 Mulberry Des Moines, Iowa 50309



No. 00110157 Date: 03/29/1995

SECRETARY OF STATE

490 DP-000068624
TRI MERICA SECURITIES
KATHY HALFERTY
1206 MULBERRY
DES MOINES, IA 50309-3632

CERTIFICATE OF EXISTENCE

Name: TRI-MERICA SECURITIES CORPORATION

Bogin date: 19830519 Expiration: PERPETUAL

I, PAUL D. PATE, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa business corporation act have been paid by the corporation, that the most recent annual corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.

95 APR -4 PH 3: 10

Cant D. Take

SECRETARY OF STATE

