

F96000001817

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: M&I Insurance Services, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amber J. Schulz

(Name of Person)

M&I Insurance Services, Inc.

(Firm/Company)

770 North Water Street

(Address)

Milwaukee, WI 53202

(City/State/Zip)

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DIVISION OF CORPORATIONS  
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Should you need to call someone concerning this matter, please call:

Amber J. Schulz  
(Name of Person)

at ( 414 ) 765-7844  
(Area Code & Daytime Telephone Number)

*you will be able to call me on my cell phone  
844*

**COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

March 8, 1996

**AMBER J SCHULZ**  
**M&I INSURANCE SERVICES, INC.**  
**770 N WATER ST**  
**MILWAUKEE, WI 53202**

**SUBJECT: M & I INSURANCE SERVICES, INC.**  
**Ref. Number: W9600004441**

We have received your document for M & I INSURANCE SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

If you have any questions concerning the filing of your document, please call (904) 487-6094.

**Doug Dickinson**  
Document Specialist

Letter Number: 196A00010508



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

February 27, 1996

**AMBER J SCHULZ**  
**M&I INSURANCE SERVICES, INC.**  
**770 N WATER ST**  
**MILWAUKEE, WI 53202**

**SUBJECT: M & I INSURANCE SERVICES, INC.**  
**Ref. Number: W96000004441**

We have received your document for M & I INSURANCE SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

**Doug Dickinson**  
Document Specialist

**Letter Number: 496A00008575**

**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. M&I Insurance Services, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)
2. Wisconsin  
(State or country under the law of which it is incorporated)
3. 39-1427310  
(FBI number, if applicable)
4. January 21, 1983  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. M&I Insurance Services, Inc.  
770 North Water Street, Milwaukee, WI 53202  
(Current mailing address)

8. Insurance Business  
(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 or Mail Drop Box NOT acceptable)**


**Name:** George H. Lange,

**Office Address:** 800 Laurel Oak Drive, Suite 101

Naples, Florida, 33963-2737  
(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.*

  
(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.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable) - See Attached Addendum

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS (Street address only- P. O. Box NOT acceptable) - See Attached Addendum

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. W.K. Curtis  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William K. Curtis, Vice President  
(Typed or printed name and capacity of person signing application)

# ADDENDUM

## M&I INSURANCE SERVICES, INC.

### LISTING OF OFFICERS

Name and Office Address	Title
O.H. Gonnlaugsson 770 North Water Street Milwaukee, WI 53202	Director
J.T. Byrnes 770 North Water Street Milwaukee, WI 53202	Director
Jeffrey V. Williams 770 North Water Street Milwaukee, WI 53202	President & C.E.O., Director
Michael A. Hatfield 770 North Water Street Milwaukee, WI 53202	Secretary
Victoria L. Strobel 770 North Water Street Milwaukee, WI 53202	Assistant Secretary
William K. Curtis 770 North Water Street Milwaukee, WI 53202	Vice President
William J. Crain, Jr. 770 North Water Street Milwaukee, WI 53202	Vice President & Treasurer
Patrick D. Rorabeck 770 North Water Street Milwaukee, WI 53202	Vice President
Michael J. Muth 770 North Water Street Milwaukee, WI 53202	Assistant Vice President
Amber J. Schulz 770 North Water Street Milwaukee, WI 53202	Insurance Officer
Steven D. Tauke 770 North Water Street Milwaukee, WI 53202	Insurance Officer

*United States of America*  
State of Wisconsin

OFFICE OF THE SECRETARY OF STATE

*To All to Whom These Presents Shall Come, Greeting:*

I, DOUGLAS LA FOLLETTE, Secretary of State of the State of Wisconsin, do hereby certify that

M & I INSURANCE SERVICES, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is JANUARY 21, 1983.

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I further certify that said corporation has, during its most recently completed report year, filed with this office an annual report required by sec. 180.1622, 180.1921, or 181.651 of the Wisconsin Statutes, and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my official  
seal, at Madison, on DECEMBER 19, 1995.



*Douglas La Follette*

DOUGLAS LA FOLLETTE  
Secretary of State

BY: *Patricia Wilke*

*The above certificate contains the statements prescribed by the Wisconsin Business Corporation Law for a certificate of status. Under current law, the status of a corporation is not described in terms of "good" or "bad" standing.*