

FROM: D. H. HIX

TO:

315 449 1921

NOV 4, 1975

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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: Association Plan Administrators, 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:

Susan E. Recchie

(Name of Person)

Association Plan Administrators, Inc.

(Firm/Company)

5856 Heritage Landing Drive

(Address)

East Syracuse, NY 13057

(City, State and Zip Code)

500002013245--7

-11/25/96--01012--002

*****78.75 *****70.00

500002013245--7

-11/25/96--01012--002

*****78.75 *****78.75

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

Susan E. Recchie

(Name of Person)

at (315) 449-0229

Area Code & Daytime Telephone Number

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

#1215

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC -5 AM 11:20



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 25, 1996

SUSAN E. RECCHIE
ASSOCIATION PLAN ADMINISTRATORS, INC.
5856 HERITAGE LANDING DR
EAST SYRACUSE, NY 13057

SUBJECT: ASSOCIATION PLAN ADMINISTRATORS, INC.
Ref. Number: W96000024868

We have received your document for ASSOCIATION PLAN ADMINISTRATORS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 896A00053380

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. Association Plan Administrators, 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. New York

(State or country under the law of which it is incorporated)

3. 16-1400976

(FEI number, if applicable)

4. May 1, 1991

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 5856 Heritage Landing Drive

East Syracuse, NY 13057

(Current mailing address)

To engage in any lawful act or activity for which corporations may be organized under this chapter, provided, however, that it is not formed to engage in any act or activity (over)

8. _____
(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:

Name: Insurance Commissioner

Office Address: Capitol

Tallahassee

, Florida, 32399-0300

(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.

Insurance Commissioner

(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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC -5 AM 11:20

requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

FROM: DMNIFAX

TO:

315 449 1921

NOV 4, 1996 2:28PM 0022 P.05

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)

Chairman: Robert William Menikheim

Address: 8491 Cazenovia Road

Manlius, NY 13104

Vice Chairman:

Address:

Director: Joyce Elaine Menikheim

Address: 8491 Cazenovia Road

Manlius, NY 13104

Director: Robert William Menikheim

Address: 8491 Cazenovia Road

Manlius, NY 13104

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

President: Gayle Ann Churchill

Address: 282 Chapman Drive

Amsterdam, NY

~~MANIUS, NY 13104~~ Chief Executive Officer - Gerald Alan Pedinotti

Address: 778 Downing Street

Schenectady, NY 12309

Secretary: Joyce Elaine Menikheim

Address: 8491 Cazenovia Road

Cazenovia, NY 13104

Treasurer:

Address:

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

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

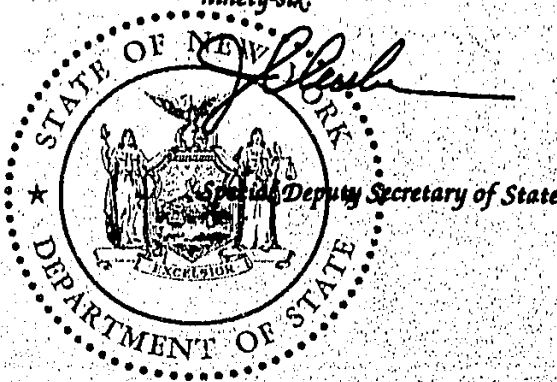
Robert W. Menikheim, Chairman

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

State of New York | **ss:**
Department of State

I hereby certify, that the certificate of incorporation of ASSOCIATION PLAN ADMINISTRATORS, INC. was filed on 05/06/1991, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 07th day of November
one thousand nine hundred and
ninety-six.



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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