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| Requestor's Name | st Jefferson : | , | | | |
| Address | ossee, Florid | | | | |
| City State | Zip | Phone | 801 | 001202901 12/13/950101 *****70.00 | 75-014 75-014 |
| (| CORPORATIO | ON(S) NAME | | ******(U, UD | KWWW70.00 |
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| Maxim | Financial | Services Corp | Ω | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ַ ט |
| | | | | RATE | . , |
| (*)-Profit () NonProfit () Limited Liab | oility Company | () Amendmen | nt į | () Merger | |
| Foreign | | () Dissolution | /Withdrawal | () Mark | |
| () Limited Partn | nt | () Annual Rep () Reservation | | () Other () Change of R.A () Fictitious Na | |
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W.P. Verifier

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. | Maxim Financial Services Corp. (Name of corporation: must include the word "INCORPORATED", "COMPANY" abbreviations of like import in language as will clearly indicate that it is a corpor or partnership if not so contained in the name at present.) | ', "(atlo | CORPOR/ on Instead | TIOI of a | N", or nature | words or words or |
|---------------|--|---------------|-----------------------|-----------------------|------------------|----------------------|
| 2. | (State or country under the law of which it is incorporated) | 3. | 39-1864 (FEI nur | 891 n ber , | if app | ilcable) |
| 4. | October 15, 1996 (Date of incorporation) 5. Perpetual (Duration: Year corp. with the corp. Wit | ill c | ease to e | st or | "perp | etual") |
| 6. | Upon Qualification (Date first transacted business in Florida, (See sections 607,1501, 607,1502, ar | nd E | 317.158, § | SEC IN INC. | 96 DEC 13 | 1 |
| 7. | | | | 12: 12: 13:10: | PH | |
| | New Berlin, Wisconsin 53151 (Current mailing address) | | | SINE | 3:16 | |
| | Auto Financing (Purpose(s) of corporation authorized in home state or country to be carried out Florida) Name and street address of Florida registered agent: | in 1 | the state o | f | | |
| | Name: C T Corporation System | | | | • | |
| | Office Address: Island Road System, 1200 South Pin | e | - | | | |
| | Plantation , Florida, 33324 (Zip Code) | • . | | | | |
| H di fu | O. Registered agent acceptance: laving been named as registered agent and to accept service of process for the a esignated in this application. I hereby accept the appointment as registered agen in the ragree to comply with the provisions of all statutes relative to the proper and and I am familiar with and accept the obligation of my position as registered agent | t ai | nd agree t | act. | in this | capacity. I |
| | C T Corporation System (Registered agents signature) (Officer) | | <u>-</u> | | | |
| (1 | Susan J. Wanner Asst. V.P. FL - 2189 - 11/18/94) (Type Name and Title of Officer) | • | - | | | |

(FL - 2189 - 11/16/94)

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

| A. | DIRECTORS |
|----|--|
| | Chairman: <u>See attached list of directors</u> Address: |
| | Vice Chairman: See attached list of directors. Address: |
| | Director: See attached list of directors Address: |
| | Director: |
| В. | OFFICERS President: See attached list of officers |
| | Vice President: |
| | Address: |
| | Secretary:Address: |

| Treasurer: | |
|--|--|
| Address: _ | |
| NOTE: If necessary, you and/or directors. | ou may attach an addendum to the application listing additional officers |
| 13. (Signature of Chairman | an, Vice Chairman, or any officer listed in number 12 of the |
| 14. Robert D. Beach. Vi (Typed or printed nar | ne and capacity of person signing application) |

12/09/1996

Maxim Financial Services Corp.

Business Address: 2725 South Moorland Road New Berlin, Wisconsin

DIRECTORS:

Robert D. Beach

Director

Jeffrey A. Hilligoss

Director

David A. Netjes

Director

OFFICERS:

Jeffrey A. Hilligoss

Chairman of the Board

David A. Netjes

Chief Executive Officer, Chief Financial Officer-Treasurer and Assistant Secretary

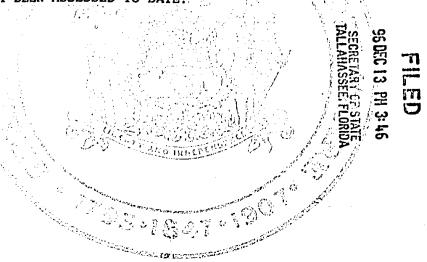
Robert D. Beach

Vice Chairman of the Board, Vice President and Secretary

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAXIM FINANCIAL SERVICES CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY CF DECEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



B

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

8234556

12-11-96