

F97000005626

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Noonan and Associates Insurance Administration, LTD
(Name of corporation - must include suffix)

Dear Sir or Madam:

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-10/24/97--01095--010
****122.50 ****122.50

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:

Thomas P. Rogers

(Name of Person)

Noonan and Associates Insurance Administration, LTD

(Firm/Company)

1 E. Wacker Drive, Suite 3330

(Address)

Chicago, IL 60601

(City/State/Zip)

W97-24268

9/10/24
97 OCT 24 PM 2:55
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Thomas P. Rogers

(Name of Person)

at (312) 644-1081

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
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

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97 OCT 24 PM 1:29
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 24, 1997

AUSLEY & MCMULLEN

SUBJECT: NOONAN & ASSOCIATES INSURANCE ADMINISTRATION, LTD.
Ref. Number: W97000024268

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 24 PM 2:56

We have received your document for NOONAN & ASSOCIATES INSURANCE ADMINISTRATION, LTD. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

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.)

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DIVISION OF CORPORATIONS

The registered agent designated must be an active Florida corporation or a foreign corporation authorized to transact business in Florida. Please correct the document.

The registered agent must sign accepting the designation.

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 (850) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 397A00051942

**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. Noonan & Associates Insurance Administration, LTD., 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. Illinois 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 28, 1987 5. Perpetual
(Date of incorporation) (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. 1 E. Wacker Dr., Suite 3330
Chicago, IL 60601
(Current mailing address)

8. Insurance Administration
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

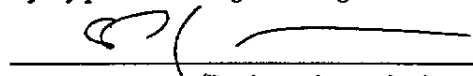
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Ausley & McMullen, P.A.

Office Address: 227 S. Calhoun St.
Tallahassee, Florida, 32302
(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.

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Thomas P. Rogers

Address: 1000 Lake Shore Plaza Unit 40 C

Chicago, IL 60611

Director: Stephen E. Szczurak

Address: 819 Cherry Lane

Thornton, IL 60476

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

President: Thomas P. Rogers

Address: 1000 Lake Shore Plaza Unit 40 C

Chicago, IL 60611

Vice President: _____

Address: _____

Secretary: Stephen E. Szczurak

Address: 819 Cherry Lane

Thornton, IL 60476

Treasurer: Stephen E. Szczurak

Address: 819 Cherry Lane

Thornton, IL 60476

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. THOMAS P. ROGERS PRESIDENT

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

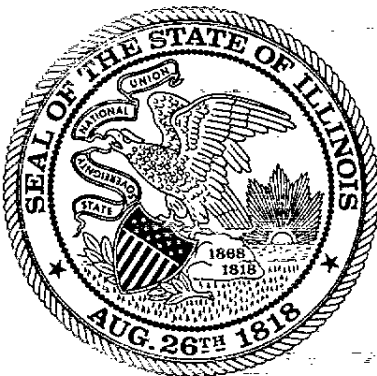
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
37 OCT 24 PM 2:56

File Number 5464-374-8



To all to whom these Presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,
do hereby certify that NOONAN & ASSOCIATES INSURANCE ADMINISTRATION,
LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS
STATE APRIL 28, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE
PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING
TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND
AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN
THE STATE OF ILLINOIS*****



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois this 3RD
day of OCTOBER A.D., 19 97

George H. Ryan

SECRETARY OF STATE