

F97000005705

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: American Employee Benefit Association, INC.
(Name of Corporation)

500002326835--7
-10/22/97-01059-004
*****70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

W97-24080

American Employee Benefit Association, INC.
(Name of Person)

1819 Clarkson Rd, suite 301
(Firm/Company)

Chesterfield, MO 63017
(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

HK 10629

(Name of Person)

at ()

Area Code & Daytime Telephone Number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
197 OCT 29 PM 2:07

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 22, 1997

AMERICAN EMPLOYEE BENEFIT ASSOCIATION, INC.
1819 CLARKSON RD, SUITE 301
CHESTERFIELD, MO 63017

SUBJECT: AMERICAN EMPLOYEE BENEFIT ASSOCIATION, INC.
Ref. Number: W97000024080

We have received your document for AMERICAN EMPLOYEE BENEFIT ASSOCIATION, 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 (850) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 697A00051564

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:**

1. AMERICAN EMPLOYEE BENEFIT ASSOCIATION, INC.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Georgia
(State or country under the law of which it is incorporated)
3. 43-1606993
(FEI number, if applicable)
4. 2/15/79
(Date of Incorporation)
5. "Perpetual"
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 1819 Clarkson Road, Suite 301
Chesterfield, MO 63017
(Current mailing address)
8. See Attached
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

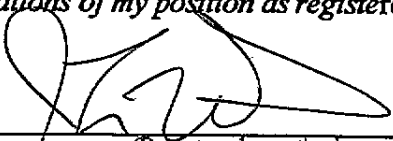
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DIVISION OF CORPORATIONS
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9. Name and street address of Florida registered agent:

C T Corporation System
(Name)
1200 South Pine Island Road
(Office address)
Plantation, Florida 33324
(City) (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: N/A

Address: _____

~~Vice Chairman~~ Director: Gary Johnston

Address: 4506 Meadowford Drive

St. Louis, MO 63129

Director: Dale Turvey

Address: 16601 Kehrsgrrove Drive

Chesterfield, MO 63005

Director: William A. warmann, Jr.

Address: 32 Green #4 Drive

st. Charles, MO 63303

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

President: Gary Johnston

Address: 4506 Meadowford Drive

St. Louis, MO 63129

Vice President: William A. Warmann, Jr.

Address: 32 Green #4 Drive

St. Charles, MO 63303

Secretary: Dale Turvey

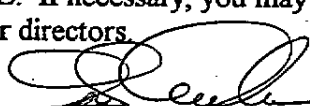
Address: 16601 Kehrsgrrove Drive

Treasurer: Chesterfield, MO 63005

Address: Dale Turvey

Same as above

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)

Gary Johnston - President
(Typed or printed name and capacity of person signing application)

8. The Purpose(s) of corporation authorized in home state or country to be carried out in the State of Florida:

To collect and disseminate health, financial, educational , & other information of value to employees of commercial, industrial, professional, public & other employers in the advancement of their social, economic & educational interests.

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 972880968
CONTROL NUMBER : 7901721
DATE INC/AUTH/FILED: 02/16/1979
JURISDICTION : GEORGIA
PRINT DATE : 10/16/1997
FORM NUMBER : 211

NATIONAL ASSOCIATION CONSULTANTS
1819 CLARKSON RD. ATTN: DEBBIE VICK
STE. 301
CHESTERFIELD MO 63017

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DIVISION OF CORPORATION
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CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

AMERICAN EMPLOYEE BENEFIT ASSOCIATION, INC.
A DOMESTIC NONPROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

