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ACCOUNT NO.

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REFERENCE :

926961

4728366

AUTHORIZATION

COST LIMIT

ORDER DATE : August 13, 1998

ORDER TIME :

9:37 AM

CUSTOMER:

ORDER NO. : 926961-030

CUSTOMER NO:

4728366

Mr. Joseph Funk

Kemper

Legal Dept C-3 1 Kemper Drive

Long Grove, IL 600490000

100002619701--1

W98-18950

FOREIGN FILINGS

NAME:

INTEGRATED DISABILITY

RESOURCES, INC.

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Brenda Phillips

DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 19, 1998

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: INTEGRATED DISABILITY RESOURCES, INC.

Ref. Number: W98000018950

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

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 798A0004306

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.,	Integrated Disability Resources, Inc.			
а	Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION between the import in language as will clearly indicate that it is a corporation instead or partnership if not so contained in the name at present.	ON" of of a na	r wor turai	as or person
2	Connecticut State or country under the law of which it is incorporated) 3 06-1470184 (FEI number, if applicable)			
(Connecticut State or country under the law of which it is incorporated) 3. U6-14/0184 (FEI number, if applicable)			
4.	January 3, 1997 5. Perpetual (Duration: Year corp. will cease to exist o	·		
	(Date of Incorporation) (Duration: Year corp. will cease to exist o	r "perp	etual	")
6.,	Upon qualification Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155)	// 2 · 5	<u> </u>	
{	Date first transacted business in Florida. (See sections 607.7501, 607.7502, and 817.755,		2 2 2	
7. .	320 W. Newberry Bloomfield	<u> </u>		11
	CT 06002		<u>ه</u>	m
	(Current mailing address)	71	=	O
8.	to offer short and long-term disability	SZ SZ	ان ت	
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of country to be carried out in the state or country to be carried out in the state of the st	ate of	ලා Florid	a)
۵	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Bo	- NO	·	
	accentable)	ox <u>NO</u>	1.	
	Name: Corporation Service Company			
	Office Address: 1201 Hays Street			
	, Florida,	32301		
		(Zip C	ode)	
10	. Registered agent's acceptance:			
	. Negistered agent's acceptance. ving been named as registered agent and to accept service of process for th	in ah	21/2	ntatod
COI	poration at the place designated in this application, I hereby accept the	appoil	ntme	ent as
	istered agent and agree to act in this capacity. I further agree to comply wit. all statutes relative to the proper and complete performance of my duties, a			
	th and accept the obligations of my position as registered agent.			
	Corporation Service Company			

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: _	SF SF AIR
-	
Vice Chairm	an:
Address:	
-	FS .0 9
Director:	John Wiggin Sm & Sm
Address: .	320 W. Newberry
-	Bloomfield, CT 06002
Director:	David Nixa
Address:	320 W. Newberry
	Bloomfield, CT 06002
B. OFFICE	CRS (Street address only- P.O. Box NOT acceptable)
President:	John Wiggin
Address:	320 W. Newberry
	Bloomfield, CT 06002
Vice Preside	ent: David Nixa
Address:	320 W. Newberry
	Bloomfield, CT 06002
Secretary:	David Nixa
Address:	320 W. Newberry
	Bloomfield, CT 06002
Treasurer:	John Wiggin
Address:	320 W. Newberry
Audicss.	Bloomfield, CT 06002
NOTE: If no and/or direct	ecessary, you may attach an addendum to the application listing additional officers tors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)
•	′/
14. <u>Dav</u>	id Nixa - Secretary (Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

INTEGRATED DISABILITY RESOURCES, INC.

a STOCK corporation under the Connecticut General Statutes was filed in this office on January 23, 1997.

Insofar as the records of this office reveal, the corporation is in existence.

Mes D. Kepgert

Secretary of the State

98 AUG 19 AM 10: 28
SECRETARY OF STATE

Date Issued: August 14, 1998