SUBJECT: Consolidated Personnel Corp.

|   | (Name   | of corporation - | must includ                       | le suffix)     | ٠                |          | - <del>-</del> - <del>-</del> |
|---|---|------------------|-----------------------------------|----------------|------------------|----------|-------------------------------|
| Dear Sir or Ma                                    | dam:  |                  | 30000272<br>-01/04/99<br>*****70. |                |                  |          | 337<br>6001<br>***70.00       |
|   | Application by Foreign Corporation<br>Existence", and check are submitted<br>ss in Florida. |                  |                                   |                |                  |          | ı to                          |
| Please return a                                   | ll correspondence concerning this   | matter to the    | following                         | ٠              |                  |          |                               |
|   | Douglas J. Crowell  | (Name of Person  | n)                                |                |                  | _        |                               |
|   | Consolidated Person   | nel Corp.        |                                   |                |                  |          |                               |
| (Firm/Company)                                    |   |                  |                                   |                |                  |          |                               |
| 14528 South Outer 40 Rd., Suite 210               |   |                  |                                   |                |                  | JL 66    | N SEC                         |
| (Address) Chesterfield, MO 63017 (City/State/Zip) |   |                  |                                   |                |                  | -        | 芸型                            |
|   |   |                  |                                   |                |                  | <u>.</u> |                               |
|   |   |                  |                                   |                |                  | - A-     | OF ST                         |
| Should you nee                                    | ed to call someone concerning this  | matter, please   | e call:                           |                |                  | 8: 46    | mt mt                         |
| Tom   | n Shipton   | at               | (314)                             | 997-2100       | Ext. 31          | . 4      | 1/5                           |
|   | (Name of Person)  |                  | (Area                             | Code & Daytim  | e Telephone l    | Numbe    | r)                            |
| STREET ADI  | DRESS:  |                  | MAILIN                            | NG ADDRES      | S:               |          |                               |
| Qualification/T                                   | ax Lien Section   | -                | Qualifica                         | tion/Tax Lien  | Section          |          |                               |
| Division of Co                                    | ^   |                  |                                   | of Corporation | ons              |          | -                             |
| 409 E. Gaines                                     |   |                  | P. O. Box                         |                | • <del>• •</del> | -        | · <del>- ·</del>              |
| Tallahassee, FL                                   | . 32399   |                  | Tallahass                         | ee, FL 32314   | -                |          |                               |

## 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. Consolidated Personnel Corp.  |  |
|--|--|
| (Name of corporation; must include the word "INCORPORAT<br>abbreviations of like import in language as will clearly indica<br>if not so contained in the name at present.) | rED", "COMPANY", "CORPORATION" or words or<br>te that it is a corporation instead of a natural person or partnership   |
| -  |  |
| 2. Missouri  | 3. 43-1412670  |
| (State or country under the law of which it is incorporated)   | (FEI number, if applicable)  |
| 4. May 27, 1986  | 5. Perpetual   |
| (Date of incorporation)  | (Duration: Year corp. will cease to exist or "perpetual")  |
| 6. January 1, 1999   |  |
| (Date first transacted business in Florida.) (SEE S  | ECTIONS 607.1501, 607.1502 and 817.155, F.S.)  |
| 7. 14528 South Outer 40 Rd., Suite   | 210  |
| Chesterfield, MO 63017   | 99<br>99   |
| (Current mai   | iling address)   |
| 8. Provide transporation services  | to manufacturers and retailers   |
|  | ate or country to be carried out in state of Florida)  |
|  | TE STORY TO THE STORY OF THE ST |
| 9. Name and street address of Florida registered ago   | ent: (P.O. Box of Mail Drop Box NO1 acceptance)  |
| Name: Corporation Service Compa  | iny on gran  |
| Office Address: 1201 Hays Street   |  |
| Tallahassee  | , Florida, <u>32</u> 30 <u>1</u>   |
|  | (Zip code)   |
| 10. Registered agent's acceptance:   |  |
| Having been named as registered agent and to accept s  | service of process for the above stated corporation at   |
| the place designated in this application, I hereby accep   |  |
| in this capacity. I further agree to comply with the proceedings of the complete performance of my duties, and I am familiar   |  |
| registered agent.  | with and accept the obligations of my position as  |
| 7/   |  |
| Laura P. De  |  |
| (Registered ag   | ent's signature)   |

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) STEFL32376F.3

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.

| nairman: See Attached                      |                                   |                 |  |             |                 |                 |
|--|-----------------------------------|-----------------|--|-------------|-----------------|-----------------|
| ldress:                                    |                                   |                 |  | -           |                 |                 |
|  |                                   |                 |  |             |                 |                 |
| ce Chairman:                               | <del> </del>                      |                 | · · · · · · · · · · · · · · · · · · ·  |             | ·               |                 |
| ldress:                                    |                                   |                 |  |             |                 |                 |
|  |                                   |                 |  |             |                 |                 |
| rector;                                    |                                   |                 |  |             |                 |                 |
| Idress:                                    |                                   |                 |  |             |                 |                 |
| <u> </u>                                   |                                   |                 |  |             |                 |                 |
| rector:                                    |                                   |                 | ·  |             |                 | <del></del>     |
| ldress:                                    |                                   |                 |  |             |                 |                 |
|  |                                   |                 |  |             |                 |                 |
| OFFICERS (Street address only - P. O.      | Box NOT acc                       | eptable)        |  |             |                 | ~               |
| esident: See Attached                      |                                   |                 |  |             | 99              | SE SE           |
| ldress:                                    | · · · · · · · · · · · · · · · · · |                 |  |             | 2               |                 |
|  |                                   |                 |  |             |                 |                 |
| ce President:                              |                                   |                 | ·  | <del></del> | <u>co</u><br>⊐≆ | ST.             |
| dress:                                     |                                   |                 | Y  |             | Ę.              |                 |
|  |                                   |                 |  |             |                 | _ <del></del>   |
| cretary:                                   |                                   |                 | <u> </u>   |             |                 | ·               |
| dress:                                     |                                   | <del></del>     |  | ·           |                 |                 |
|  |                                   |                 | and the second s |             |                 | the see and see |
| easurer:                                   |                                   |                 |  |             |                 | <u> </u>        |
| dress:                                     |                                   |                 | <u> </u>   |             |                 | :               |
|  |                                   |                 | ·  |             |                 |                 |
| OTE: If necessary, you may attach an adder | ndum to the ap                    | plication listi | ng additional  | officers a  | nd/or (         | directors.      |
| ( ) and I may                              | meel                              | 12/23/21        |  |             |                 | -               |
| (Signature of Chairman, Vice C             | hairman ar any a                  | OC 11-4-11.     | 100  |             | `               |                 |

## CONSOLIDATED PERSONNEL CORPORATION

## Officers & Directors:

John T. Bickel, President/Treasurer 14528 South Outer 40 Road, Suite 210 Chesterfield MO 63017

**Director** 

Douglas J. Crowell, VP/CFO 14528 South Outer 40 Road, Suite 210 Chesterfield MO 63017

Daniel H. LeGear, Secretary 14528 South Outer 40 Road, Suite 210 Chesterfield MO 63017

**Director** 

John H. Dowell, VP 14528 South Outer 40 Road, Suite 210 Chesterfield MO 63017

Director

Daniel B. Moroski, VP 14528 South Outer 40 Road, Suite 210 Chesterfield MO 63017

**Director** 

DO INN -1. AM 8: 1.6

STATE OF MISSOURI



## Rebecca McDowell Cook Secretary of State

CORPORATION DIVISION
CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA McDOWELL COOK, SECRETARY OF STATE OF THE STATE FOR MISSOURI, DO HEREBY CERTIFY THAT THE RECORDS IN MY OFFICE AND IN MY CARE AND CUSTODY REVEAL THAT

CONSOLIDATED PERSONNEL CORP.

WAS INCORPORATED UNDER THE LAWS OF THIS STATE ON THE 27TH DAY OF MAY, 1986, AND IS IN GOOD STANDING, HAVING FULLY COMPLIED WITH ALL REQUIREMENTS OF THIS OFFICE.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 10TH DAY OF DECEMBER, 1998.

Secretary of State

