# F90000005533

| To: Qualification/Tax Lien Section Division of Corporations                                                                                                                                                                                    |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| SUBJECT: Financial Dynamics America, Inc                                                                                                                                                                                                       |  |  |  |  |  |
| (Name of corporation - must include suffix)                                                                                                                                                                                                    |  |  |  |  |  |
| Dear Sir or Madam: 800027255589 -12/29/9801090001 *****78.75                                                                                                                                                                                   |  |  |  |  |  |
| 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: $\frac{1}{1}$                                                                                                                                                        |  |  |  |  |  |
| Kevin Lammers                                                                                                                                                                                                                                  |  |  |  |  |  |
| (Name of Person)                                                                                                                                                                                                                               |  |  |  |  |  |
| Kevin Lammers  (Name of Person)  Financial Dynamics America, Inc  (Firm/Company)                                                                                                                                                               |  |  |  |  |  |
| (Firm/Company)                                                                                                                                                                                                                                 |  |  |  |  |  |
| 7100 W Center Road Ste 500  (Address)                                                                                                                                                                                                          |  |  |  |  |  |
| (Address)                                                                                                                                                                                                                                      |  |  |  |  |  |
| Omaha, NE 68107                                                                                                                                                                                                                                |  |  |  |  |  |
| Omaha, NE 68107  (City/State/Zip)  (City/State/Zip)                                                                                                                                                                                            |  |  |  |  |  |
| $\varphi''(z)$                                                                                                                                                                                                                                 |  |  |  |  |  |
| Should you need to call someone concerning this matter, please call:                                                                                                                                                                           |  |  |  |  |  |
| Kevin Lammers at (402 )399-9111 ex 833                                                                                                                                                                                                         |  |  |  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)                                                                                                                                                                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                |  |  |  |  |  |
| STREET ADDRESS: MAILING ADDRESS:                                                                                                                                                                                                               |  |  |  |  |  |
| Qualification/Tax Lien SectionQualification/Tax Lien SectionDivision of CorporationsDivision of Corporations409 E. Gaines St.P.O. Box 6327Tallahassee, FL 32399Tallahassee, FL 32314                                                           |  |  |  |  |  |
| Enclosed is a check for the following amount:                                                                                                                                                                                                  |  |  |  |  |  |
| □ \$70.00 Filing Fee ♣ □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certificate of Status Certified Copy  Certified Copy  Certified Copy                                                                               |  |  |  |  |  |



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 30, 1998

KEVIN LAMMERS FINANCIAL DYNAMICS AMERICA, INC. 7100 W. CENTER RD., STE. 500 OMAHA, NE 68107

SUBJECT: FINANCIAL DYNAMICS AMERICA, INC.

Ref. Number: W98000029163

99 JAN 27 PH 3: 49

We have received your document for FINANCIAL DYNAMICS AMERICA, INC. and your check(s) totaling \$78.75. 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) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 998A00060947

### 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. Financial          | Dynamics America, Inc. 7 1 12 1                                                                            |                                       |                       |                   |
|-----------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------|-------------------|
|                       | pration; must include the word "INCORPORATE                                                                |                                       |                       | · <u>—</u>        |
|                       | viations of like import in language as will clearly<br>or partnership if not so contained in the name at p |                                       | tion instead of a     |                   |
| natural person        | or partnership it not so contained in the name at p                                                        | present.)                             |                       |                   |
|                       |                                                                                                            |                                       |                       |                   |
| 2. <u>Nebraska</u>    | ***************************************                                                                    | 3. <u>47-0648971</u>                  | <u>-</u>              |                   |
| (State or country     | y under the law of which it is incorporated)                                                               | (FEI numbe                            | r, if applicable)     |                   |
| 4. <u>October 4</u> , | 1982 5. <u>Perp</u>                                                                                        | etua1                                 |                       |                   |
|                       | te of incorporation) (Dura                                                                                 | ation: Year corp. will cease          | to exist or "perpetua | d'')              |
|                       |                                                                                                            | -                                     |                       | ·                 |
|                       | qualification                                                                                              | NG COG 1501 COG 1500 1                | 015 155 550           |                   |
| (Date firs            | t transacted business in Florida.) (SEE SECTION                                                            | NS 607.1501, 607.1502 and             | 817.155, F.S.)        | _                 |
| 77100_W_Ce            | nter Ste 500                                                                                               |                                       |                       | 95<br>3//E        |
|                       |                                                                                                            |                                       |                       | J. SEC            |
| _Omaha,NE             | 68106                                                                                                      | <del></del>                           |                       | 三宝 宝              |
|                       | (Current mailing address                                                                                   | ss)                                   |                       | 27 PA             |
|                       |                                                                                                            |                                       |                       |                   |
| 8. <u>Insurance</u>   | Marketing                                                                                                  | · · · · · · · · · · · · · · · · · · · |                       |                   |
| (Purpose              | (s) of corporation authorized in home state or cou                                                         | untry to be carried out in sta        | te of Florida)        | F STATI           |
| 0 N 1 1               |                                                                                                            | (non 1445 -                           |                       | 149 AT            |
| 9. Name and sti       | reet address of Florida registered agent: (                                                                | (P.O. Box or Mail Drop E              | 3ox NOT_acceptab      | STATE<br>PRATIONS |
| Name:                 | CT Corporation System                                                                                      |                                       | _                     |                   |
| ranic.                | CI COLPOTATION System                                                                                      |                                       | 5 € <del>30</del>     | <u> </u>          |
| Office Address:       | 1200 South Pine Island Road                                                                                |                                       |                       |                   |
|                       |                                                                                                            |                                       |                       |                   |
|                       | Plantation                                                                                                 | , Florida, <u>33324</u> Co            | unty Broward          |                   |
|                       |                                                                                                            | (Zip code)                            |                       |                   |
| 10 70 11              |                                                                                                            |                                       |                       |                   |
| 10. Registered a      | agent's acceptance:                                                                                        |                                       |                       |                   |
| Having been           | od so monintanad manual made a second second                                                               |                                       |                       | , , ,             |
| raving been name      | ed as registered agent and to accept service of pa                                                         | rocess for the above stated (         | corporation at the pl | iace designated i |

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)

Anne E. Diamond, Assistant Secretary

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.

| A. DIRECTORS                            | Street address only - P.O. Box NOT acceptable)                                                  |                                         |
|-----------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|
| Chairman:                               | ( SEE ATTACHED )                                                                                |                                         |
| Address:                                |                                                                                                 |                                         |
|                                         |                                                                                                 |                                         |
|                                         |                                                                                                 |                                         |
|                                         |                                                                                                 |                                         |
| Address:                                |                                                                                                 |                                         |
|                                         |                                                                                                 |                                         |
| Director:                               |                                                                                                 |                                         |
| Address:                                |                                                                                                 |                                         |
| 1                                       |                                                                                                 |                                         |
| Director:                               |                                                                                                 | A A S S S S S S S S S S S S S S S S S S |
| Address:                                | . =                                                                                             |                                         |
|                                         |                                                                                                 |                                         |
| B. OFFICERS (S                          | Street address only - P.O. Box NOT acceptable)                                                  |                                         |
| President:                              |                                                                                                 | 95<br>56                                |
| Address:                                |                                                                                                 | SECON                                   |
| *************************************** |                                                                                                 | 2 97                                    |
| Vice President:                         |                                                                                                 |                                         |
| Address:                                |                                                                                                 | S OR                                    |
|                                         |                                                                                                 | ATTON!                                  |
| Secretary:                              |                                                                                                 | (n                                      |
| Address:                                |                                                                                                 |                                         |
|                                         |                                                                                                 |                                         |
| Treasurer:                              |                                                                                                 |                                         |
|                                         |                                                                                                 |                                         |
| riddress.                               |                                                                                                 | <del>diametrial</del>                   |
| NOTE **                                 |                                                                                                 |                                         |
|                                         | ry, you may attach an addendum to the application listing additional officers and/or directors. |                                         |
| 13.                                     | ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)     |                                         |
| 14. W. Th                               | iomas Cross President                                                                           |                                         |
|                                         | (Typed or printed name and capacity of person signing application)                              |                                         |

# **OFFICERS**

| Director                                                                                                                    |                                |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| W. Thomas Cross President Steven F. McWhorter Secretary James D. Nagengast VP & Treasurer Douglas H. Durrie VP Corp Plannir | Name                           |
| President Secretary VP & Treasurer VP Corp Planning                                                                         | Title                          |
| 109-42-4581<br>505-54-7934<br>508-66-3002<br>558-78-3955                                                                    | Social Security # Home Address |
| 5507 S 174 St<br>456 N 61 St<br>5626 Decatur St.<br>8711 Larimore                                                           | Home Address                   |
| Omaha<br>Omaha<br>Omaha<br>Omaha                                                                                            | City                           |
|                                                                                                                             | State                          |
| 68135<br>68132<br>68104<br>68134                                                                                            | Zip Cod                        |

### STATE OF



## **NEBRASKA**

United States of America, State of Nebraska

ss.

Department of State Lincoln, Nebraska

I, Scott Moore, Secretary of State of the State of Nebraska do hereby certify;

FINANCIAL DYNAMICS AMERICA, INC.

was duly incorporated under the laws of this state on October 4, 1982, and do further certify that no occupation taxes assessed are unpaid and no annual reports are delinquent; articles of dissolution have not been filed; and said corporation is in existence as of the date of this certificate.

DIVISION OF CORPORATIONS
99 JAN 27 PM 3: 49

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on December 4 in the year of our Lord, one thousand nine hundred and ninety-eight.

SECRETARY OF STATE