

F990000002583

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: The One Benefit Source, Inc.

(Name of corporation - must include suffix)

400002877404--6

-05/17/99-01109-011

****122.50 *****78.75

Dear Sir or Madam:

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:

Jon Rasmussen

(Name of Person)

The One Benefit Source, Inc.

(Firm/Company)

111 E Wisconsin Ave, Suite 1510

(Address)

Milwaukee, WI 53202

(City/State/Zip)

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

Jon Rasmussen

(Name of Person)

at (414) 765-3454

(Area Code & Daytime Telephone Number)

STREET 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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 MAY 17 PM 3:20

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Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

The One Benefit Source, Inc.

111 E. Wisconsin Avenue • Suite 1510 • Milwaukee, Wisconsin 53202
Bus: 414-765-3454 • Fax: 414-765-7185

May 7, 1999

Florida Department of State
Secretary of State
Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed are the following documents necessary to qualify The One Benefit Source, Inc. as a foreign corporation in the state of Florida:

1. Application By Foreign Corporation For Authorization To Transact Business in Florida.
2. Transmittal Letter.
3. Certificate of Existence.
4. A check for \$122.50 payable to the "Florida Department of the State." This amount represents a filing fee (\$52.50 – certified copy fee & \$70.00 filing fee) for The One Benefit Source, Inc. in the state of Florida.

Your prompt assistance would be appreciated in the processing of this request. If you have any questions or comments with this request, please do not hesitate to contact me at (414) 765-3126.

Best Regards,



Ksenija Kokanovic

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.

- 10. Registered agent's acceptance:**

Francis P. Regan
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.

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TALLAHASSEE FLORIDA

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: See Attached Sheet

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See Attached Sheet

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. GLEN MILES PRESIDENT & DIRECTOR

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

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Attachment

The One Benefit Source, Inc. - Officers

Name	Title	Business Address
Glen J. Milesko	President	111 E. Wisconsin Avenue, suite 1510 Milwaukee, WI 53202
Jim Stringfellow	Vice President	107 W. Franklin Elkhart, In 46515
Joanne M.P. Blaesing	Vice President	111 E. Wisconsin Avenue, Suite 1510 Milwaukee, WI 53202
Charles D. Bennett	Treasurer	111 E. Wisconsin Avenue, Suite 1510 Milwaukee, WI 53202
Jon S. Rasmussen	Secretary	111 E. Wisconsin Avenue, Suite 1510 Milwaukee, WI 53202
Lori Tierce	Asst. Secretary	107 W. Franklin Elkhart, IN 46515

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TALLAHASSEE FLORIDA

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that


THE ONE BENEFIT SOURCE, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is February 12, 1999.

I further certify that said corporation has not yet completed its initial report year and, accordingly, has not filed an annual report under sec. 180.1622, 180.1921, or 180.1922 of the Wisconsin Statutes; and that said corporation has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 4, 1999




Richard L. Dean, Secretary

Department of Financial Institutions

BY: 

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.