Fo: Qualification/Tax Lien Section

Division of Corporations

SUBJECT: The One Benefit S	Same. Im.	401	ڔڗۣۊۣڲۣۄڽۣڡڗ	4 <u>0</u> 4
	(Name of corporation - mu	st include suffix)	05/17/990 ****122.50	1109 011 ******78.79
Dear Sir or Madam:				
The enclosed "Application by last "Certificate of Existence", and transact business in Florida.	Foreign Corporation for Author check are submitted to register	ization to Transact l the above reference	Business in Florida d foreign corporatio	", on to
Please return all correspondence	e concerning this matter to the	following:		
	Jon Rasmussen			
(Name of Person)		····		
	The One Benefit Sourc	e. Tro.		
	(Firm/Company)			
	111 E Wisconsin Ave,	Suite 1510		
	(Address)			
	Milwaukee, WI 53202			
	(City/State/Zip)			
Should you need to call someon	e concerning this matter, please	call:		
Jon_Rasmissen	at (<u>41</u> 4) 765	-3454		W-110
(Name of Person)	(Area Code &	Daytime Telephon	e Number)	2/1
				₹ m
STREET ADDRESS:	MAIL	ING ADDRESS:	1588 E.	3 = 2 m
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Divisio P.O. B	ication/Tax Lien Se on of Corporations ox 6327 assee, FL 32314	ction STATE	5 0
Enclosed is a check for the follo	wing amount:			
		Filing Fee & Ged Copy	\$87.50 Filing Fee	•

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

Kseura Udeanoric

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.

(Name of corpo words or abbrev	crefit Source, Inc. ration; must include the word "INCORPOR riations of like import in language as will char partnership if not so contained in the name	ATED", "COMPANY", "CORPORATION" early indicate that it is a corporation instead of at present.)	or of a	• -
2. Wiscon	sin under the law of which it is incorporated)	3. <u>39–19504022</u> (FEI number, if applicab	nle)	-
4. Februa	ry 12, 1999 5. <u>Pe</u> r	, , , , , ,		-
•		TIONS 607.1501, 607.1502 and 817.155, F.S.	• •	• •
7. <u>111 E Wi</u>	sconsin Avenue, Suite 1510		********	
8. <u>Third Party</u> (Purpose(or country to be carried out in state of Florida) 1: (P.O. Box or Mail Drop Box NOT acce		
Name:	CI Corporation System		99 SE TALI	
Office Address:	1200 South Pine Island Road Plantation	, Florida, 33324	99 MAY 17 F SECING DANYA FALLAHASSEE	
10. Registered a	gent's acceptance:	(Zip code)	PM 3: 21 FE FLORIDA	
in this application, comply with the pr	I hereby accept the appointment as registe	of process for the above stated corporation a tred agent and agree to act in this capacity. It r and complete performance of my duties, an Francis P, Regan Assistant Secretary s signature)	I further agree t	to

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.

DIRECTORS (Street address only - P.O. Box NOT acceptable)				
airman: See Attached Sheet				
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ce Chairman:				
ldress:				
rector:				
ldress:				
rector:				
ddress:				
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OFFICERS (Street address only - P.O. Box NOT acceptable	e)			
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(Typed or printed name and capacity of person signing application)

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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SECULAR SEE FLERION

· DFI/CCS/Corp Fm 31-C (7/96) - Printed on Recycled Paper -

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 181. of the Wisconsin Statutes; and that said corporation has ne filed articles of dissolution.

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

on

Richard/L. Dean, Secretary Department of Financial Institutions

BY: Robert Kaus



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