

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC. 28 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002583

1. Corporation Name

THE ONE BENEFIT SOURCE, Inc.

2. Principal Office Address

111 E. Wisconsin Ave

Suite, Apt. #, etc.

1510

City & State

MILWAUKEE, WI

Zip

53202

Country

USA

3. Mailing Office Address

111 E Wisconsin Ave

Suite, Apt. #, etc.

#1510

City & State

MILWAUKEE, WI

Zip

53202

Country

USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

5/17/99

5. FEI Number

39-1954022

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 12/27/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------------|--------------------------------------|---|--------------------|
| SEE ATTACHMENT | | | |
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****750.00 ****750.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles D. Bennett, Treasurer

Date

12/22/00

Daytime Phone #

(444) 765-3454

252

The One Benefit Source, Inc.
Officers and Directors

| Name | Title | SSN | Business Address |
|--------------------------------|----------------------------|-------------|--|
| Glen Joseph Mlesko | President and Director | 321-40-4145 | 111 East Wisconsin Avenue, Suite 1510 Milwaukee, WI 53202 |
| James Edward Stringfellow | Vice President | 312-40-9684 | 107 West Franklin Elkhart, IN 46515 |
| Joanne Marie Patricia Blaesing | Vice President | 397-58-6749 | 111 East Wisconsin Avenue, Suite 1510 Milwaukee, WI 53202 |
| Charles Douglas Bennett | Treasurer and Director | 484-66-6169 | 111 East Wisconsin Avenue, Suite 1510 Milwaukee, WI 53202 |
| Jon Steven Rasmussen | Secretary | 387-56-1506 | 111 East Wisconsin Avenue, Suite 1510 Milwaukee, WI 53202 |
| Lori Tierce | Asst. Secretary | 318-62-9446 | 107 West Franklin Elkhart, IN 46515 |
| David Jon Kundert | Director | 391-42-3482 | 1111 Polaris Pkwy Columbus, OH 43240 |
| Michelle Jean Voskuil | Director | 392-56-2720 | 111 East Wisconsin Avenue, Suite 1510 Milwaukee, WI 53202 |
| Barry L. Besece | Office/ Asst. Secretary | 298-60-4062 | 100 E. Broad Street Columbus, OH 43215 |