# F99000001998

### TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: Effective Mana	gement System	S. The	
(Name of cor	poration - must include suffix)		-
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporati "Certificate of Existence", and check are submitt to transact business in Florida.	on for Authorization to Transact ted to register the above reference	Business in Florida", ed foreign corporation	
Please return all correspondence concerning this	matter to the following: 3	00002841795 -04/16/3901039- *****70.00 *****	-881 <sup></sup>
_ Effective Ma	anagement Systems	<u> </u>	
12000 West Po	(Address)	411_441_	. ***
Milwaukee u	SI 53224 ity/State/Zip)		- <del>-</del> ·
Should you need to call someone concerning this  Name of Person)  at (H	matter, please call:  14 ) 577-5105  Area Code & Daytime Telephor	DIVERSITY OF STANDER)  SO APR 16 AM 9:	7 T. ED
STREET ADDRESS:	MAILING ADDRESS:		
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien S Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<sub>፡</sub>	ñ 119
Enclosed is a check for the following amount:		•	•
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

## 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 corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)		er g
2 WI 391292200		. •
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
s. Derpetual		
(Date of incorporation) (Duration: Year corp. will cease to existor "perpetual")		
6. 04-01-99		سنور
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		
7. 12000 West Park Place		
Milwhulee WT 53224		-
(Current mailing address)	<del></del> · .	y
8. Sale of software and services  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	1 8 de 166	SECTION
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	J 1	涩
at Augustian Syctom		30
Transc	က္ ဦးင္ပ	) Î
Office Address: 1206 South tine Island Rd	ಎ ಕ್ಷೌಗ	i 
Plantation, Florida, 33324	1,3	
(Zip code)		
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporation at the place of this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent.	to comply	
J. H. K.	· .	
Registered agent's signature)	<u>च</u>	
Francis P. Regan	the	
11. Attached is a certificate of existence duly authenticated, not more than Assistantic Sucretary of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction unduly which it is incorporated.	er the law of	-

# See Attached Addendum

A. DIRECTOR	S (Street address only - P.O. Box NOT acceptable)		
Chairman:			
Vice Chairman:			
Director:			
Address:	· · · · · · · · · · · · · · · · · · ·	<del>_</del>	
Director:	-		<u>*</u>
Address:			
D OFFICEDS	6 (Street address only - P.O. Box NOT acceptable)		<u> </u>
	• •	466	SFI SFI
		APR	<u>年</u>
	· · · · · · · · · · · · · · · · · · ·		<u> </u>
		<u>#</u> 49:	<u>유</u> 하고 설
		ယ	
		-	
Secretary:			<del> </del>
Address:			· •
Treasurer:			
NOTE: If neces	ssary, you may attach an addendum to the application listing additional officers and/or directors.		
	0.9.		
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  Teffrey Fossium (FO		
14	(Typed or printed name and capacity of person signing application)		

# Addendum

# EFFECTIVE MANAGEMENT SYSTEMS, INC.

Dina stana	Name		Address
Directors	M.D. Dunham T.M. Dykstra D.W. Weisenberg H.M. Adam S. Merel E. Wassarman		12000 West Park Place, Milwaukee WI 53224 12000 West Park Place, Milwaukee WI 53224 4200 W. Brown Deer Rd., Suite 100 8939 N. 55th Street, Milwaukee WI 53223 P.O. Box 1581 RFD, Long Grove IL 60047 P.O. Box 2414, LaJolla CA 92038
Officers			·
	M.D. Dunham T.M. Dykstra R.W. Grelck J.J. Fossum W.T. Wedell	President V.P./Sec./ Tr.	12000 West Park Place, Milwaukee WI 53224 12000 West Park Place, Milwaukee WI 53224

DE SECRETARY OF STATE OF STATE

DOM 180 181 185

#### 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 EFFECTIVE MANAGEMENT SYSTEMS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is JANUARY 24, 1978.

I further certify that corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.

Of Wiscouth

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 7, 1992

RICHARD L. DEAN, Secretary Department of Financial Institutions

BY: Tatucia Web.

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.