Filing and License Fee: \$310.00 minimum

ID Number:	



Form No. 150 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

CO	rporat	nt to the prov tion hereby ap wing stateme	oplies for a Ce	on 7-1.2-1405 rtificate of Auth	of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign ority to transact business in the State of Rhode Island, and for that purpose submits
1.	The	name of the o	corporation is	Total Adminis	strative Services Corporation
			under the laws	of Wisconsir	n
3.	The	name, if differ	ent, which it el	ects to use in R	Rhode Island is:
	(a)	"incorporate	d." or "limited,	oration in its jo or an abbrevi or use in Rhode	urisdiction of incorporation does not contain the word "corporation," "company," iation thereof, then list the name of the corporation with the addition of one of the addition of th
	(b)	If the corpor qualify and application:	rate name is no transact busir	ot available in F ness in Rhode	Rhode Island, then set forth below the fictitious name under which the corporation will Island as stated in the "Fictitious Business Name Statement" to be filed with this
4.	The	date of its inc	corporation is	May 27, 1986	and the period of its duration is Perpetual
				n in the state or	country under the laws of which it is incorporated is
	2302	Internation	lai bane, mac	lison, WI 53	701
6	Tho	address of its	nroposed reg	istered office in	Rhode Island is 1350 Division Rd, Ste 301
Ο.	THE	addiess of its	proposed reg		(Street Address, not P.O. Box)
	Wes	t Warwick			RI 02893 and the name of its proposed registered agent in Rhode Island at
		(Ci	ty/Town)		(Zip Code)
	that	t address is	Flora Acost	a	
					(Name of Agent)
7.	The	purpose or p	urposes which	it proposes to p	oursue in the transaction of business in Rhode Island are:
					pyee benefit plans which are IRS regulated.
		- Administra	CION OI CUA	Davings omp	
8.			nd respective a	addresses of its	directors (optional unless directors are required under the laws of the state or country
	·		,	Name	<u>Address</u>
	г	Director	Daniel N		23 Hawk Feather Circle, Madison, WI 53717
	_	Director			PHEDM
		Director			FILEU
		Director	**		DEC 0 5 2008
	L	J., 0000			

						er (dataa.	if disease	are are not required under the laws of t	he		
			d respective add y of which it is inc		pal o	mcers (mandatory	ir directo	ers are not required under the laws of t	.,0		
		state or country		lame				<u>Address</u>			
	Pr	esident	Daniel N Rash		:	3 Hawk Feather	Circle,	Madison, WI 53704			
		ce President			- -				_		
	<u>_</u>		Maurice D. As	Maurice D. Ash			610 Samuel Dr. Madison, WI 53717				
	Se	cretary	Angela Owens			360 Glenwood Dr.	, Windso	or, WI 53598	_		
9.	The aggregate number of shares which it has authority to i and series, if any, within a class, is:				to iss	ue, itemized by cla	sses, pa	Par Value or Statement that	ue,		
		Number of	<u>Shares</u>	<u>Class</u>		<u>Series</u>		Shares are without Par Value			
	44,	000		Common	2	Series A					
	2,2	200	+	Common	0	Series B		None	<u> </u>		
10.		\$ 8,200,000		<u>0</u> .				the following year, wherever located, is			
	(b)	An estimate (\$ 25,000		the corporation's pr	roper	ty to be located v	within Ri	node Island during the following year is			
11.		located within following year	this state during to the control of the gross am	the following year be d, is003	ears	to the value of all p 6. [divide (b) by (a)	and mu	ue of the property of the corporation to of the corporation to be owned during the tiply by 100 to obtain the percentage].	7		
	(b)	An estimate Island during	of the gross am the following year	ount of business to	o be	transacted by the c	orporatio	n at or from places of business in Rhode)		
	(c)	cornoration at	or from places of by the corporation	f business in this st	ate d	uring the following	year bea	ount of business to be transacted by ars to the gross amount thereof which wild de (b) by (a) and multiply by 100 to obtain	ļ.		
12	Thi of v	s application is which it is incon	accompanied by porated.	a certificate of Goo	d Sta	inding issued by the	e proper	officer of the state or country under the la	æs		
13	This	Application fon the 90 th day a	r Certificate of Au after the date of th	uthority shall be effe	ective	upon filing unless	a specifi	ed date is provided which shall be no lat	ier		
Đ	ate:	12/1/08	>		6	examined this Apany accompanyicontained herein Signature	oplicatio ing attraction are true & (ry, I declare and affirm that I had not for Certificate of Authority, include achments, and that all statements and correct. The correct of the Corporation Name of Authorized Officer	ding		

Wisconsin Department of Financial Institutions Strengthening Wisconsin's Financial Future

Verify Certificate of Status

Please enter authenticity code

60491-ba84c29b

Submit

Certificate Information

Organization TOTAL ADMINISTRATIVE SERVICES

Name: CORPORATION

Purchase 12/1/2008 1:02:38 PM

Date:

Certificate is a domestic corporation or a domestic

Text: limited liability company organized under the

laws of this state and that its date of incorporation or organization is May 27, 1986.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats.,

and that it has not filed articles of dissolution.

Help

The authenticity code can be found at the bottom of the certificate.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 27, 1986.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 1, 2008.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

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.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

60491-BA84C29B



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

