Filing and	License	Fee:	\$310.00	minimum
------------	---------	------	----------	---------

ID Number:	



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

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign

corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:
1. The name of the corporation is FCE Benefit Administrators, Inc.
2. It is incorporated under the laws of
3. The name, if different, which it elects to use in Rhode Island is:
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:
4. The date of its incorporation is 01 06 1989 and the period of its duration is Perpetual
5. The address of its principal office in the state or country under the laws of which it is incorporated is
887 Mitten Road, #200 Burlingame, CA 94010 USA
•
6. The address of its proposed registered office in Rhode Island is 222 Jefferson Blvd., Ste. 200 (Street Address, not P.O. Box)
Warwick RI 02888 and the name of its proposed registered agent in Rhode Island at
(City/Town) (Zip Code)
that address is National Registered Agents, Inc.
(Name of Agent)
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Third party Administration.
8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated). Name Address
Director Gary Beckman > 887 Mitten Rd. #200 Burlingame, CAG404
Director Steve Porser CS: BBM Mitten Rd. #200 Burling The F194010
Director
Director — 3/10/5×3/1/5 AUG 0 6 2009
0.00

Form No. 150 Revised: 12/05

	(b) The names and respective addresses of its presented or country of which it is incorporated).	incipal officers (mandatory if directors are not required under the laws of the				
	Name	<u>Address</u>				
						
	Vice President Steve Pooler	887 Mitten Rd., #200 Burlingame, CA 9401 887 Mitten Rd., #200 Burlingame, CA 9401				
	Treasurer Gary Beckman	887 Mitten Rd., #200 Bur linggime, CA 94010				
	Secretary Steve Porter	887 Mitten Rd., #200 Burlingame, CA 940				
9.		rity to issue, itemized by classes, par value of shares, shares without par value,				
	Number of Shares Class	Par Value or Statement that Series Shares are without Par Value Shares are without Par Value				
10.	(a) An estimate of the value of all property to 1	pe owned by the corporation for the following year, wherever located, is				
	(b) An estimate of the value of the corporation's	s property to be located within Rhode Island during the following year is				
	located within this state during the following year	e proportion that the estimated value of the property of the corporation to be r bears to the value of all property of the corporation to be owned during the %. [divide (b) by (a) and multiply by 100 to obtain the percentage].				
11.	(a) An estimate of the gross amount of busines \$_25,000	ss to be transacted by the corporation during the following year is				
	(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$					
	corporation at or from places of business in this	the proportion that the gross amount of business to be transacted by the state during the following year bears to the gross amount thereof which will wing year is % [divide (b) by (a) and multiply by 100 to obtain				
12.	This application is accompanied by a certificate of G of which it is incorporated.	ood Standing issued by the proper officer of the state or country under the laws				
13.	This Application for Certificate of Authority shall be e than the 90 th day after the date of this filing	ffective upon filing unless a specified date is provided which shall be no later				
Da	te: <u>08/04 09</u>	Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct. Signature of Authorized Officer of the Corporation Type or Print Name of Authorized Officer				

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FCE BENEFIT ADMINISTRATORS, INC.

FILE NUMBER:

C1558898

FORMATION DATE:

01/06/1989

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 27, 2009.

DEBRA BOWEN Secretary of State



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

