

Filing Fee: \$50.00

ID Number: 104886



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FICTITIOUS BUSINESS NAME STATEMENT

(To be Filed in Duplicate)

Pursuant to the provisions of Chapter 7-1.1-7.1 or 7-16-9 of the General Laws, 1956, as amended, the undersigned corporation or limited liability company hereby submits the following statement for authority to transact business in the State of Rhode Island under a fictitious name:

1. The fictitious business name to be used is Wingspan Insurance Agency ^{SK}
2. The legal name of the applicant corporation or limited liability company is Banc One Insurance Services Corporation
3. The state or territory under the laws of which it is incorporated or organized is Wisconsin
4. The date of incorporation or organization is March 28, 1988
5. The address of the registered office within Rhode Island is 10 Weybosset Street
Providence, RI 02903
6. If a corporation, the business in which it is engaged To sell insurance products
7. Applicant is otherwise authorized to do business in the State of Rhode Island. Yes

Under penalty of perjury, I declare that the information contained herein is true and correct.

Dated June 3, 1999

Banc One Insurance Services Corporation
(Name of Applicant Corporation or Limited Liability Company)

By [Signature] President/CEO
(Signature of Officer for the Corporation) (Title)

or

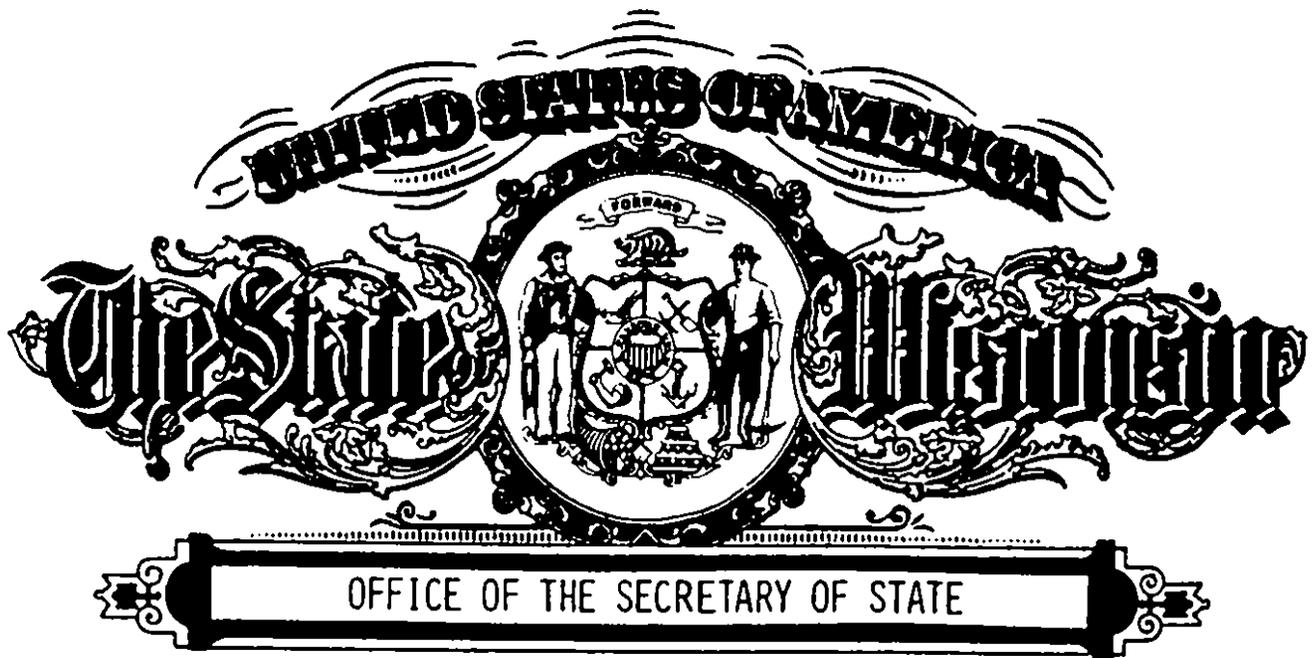
By _____
(Authorized Person for the Limited Liability Company)

FILED

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By 225203

cc. 111 90 Z [initials]



To all to whom these presents shall come, Greetings!

I, DOUGLAS LA FOLLETTE, Secretary of State of the State of Wisconsin, do hereby certify that, pursuant to Chapter 132 of the Statutes,

BANC ONE INSURANCE SERVICES CORPORATION
has filed for record in this department a statement of adoption of a mark, to wit:

consisting of the words **WINGSPAN INSURANCE AGENCY**, as pertains to the sale of insurance products.

This application is valid for a period of ten years from the date hereon, unless revoked sooner for cause.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, in the City of Madison on

MAY 26, 1999

A handwritten signature in cursive script that reads "Douglas La Follette".

DOUGLAS LA FOLLETTE
Secretary of State