PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 30 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003689

1. Corporation Name

National Information Consortium USA, Inc.

REINSTATEMENT 02-03

400021194814
06/30/03--01045--005 **900.00

2. Principal Office Address	**3.** Mailing Office Address
10540 S. Ridgeview Rd	10540 S. Ridgeview Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Olathe, KS	City & State: Olathe, KS
Zip: 66061 Country: USA	Zip: 66061 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6-29-2000

5. FEI Number: 48-1124536 ☐ 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: Please see Attached. Date: 6-18-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P/D	Harry H. Herington	10540 S. Ridgeview Rd	Olathe, KS 66061
T/D	Eric J. Bur	10540 S. Ridgeview Rd	Olathe, KS 66061
S/D	William F. Bradley Jr.	10540 S. Ridgeview Rd	Olathe, KS 66061
D	Samuel R. Somerhalder	5600 S. 59th St., Ste 201	Lincoln, NE 68516
V	Richard Brown	5856 W. 74th St.	Indianapolis, IN 46278

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: Eric J. Bur 6-20-03 913-754-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JL 7/2