


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 AUG 16 AM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000002354
1. Corporation Name
Khameleon Software Inc.
W07000008277

Reinstatement 03-07

2. Principal Office Address - No P.O. Box #
400 N. Ashley Dr.

3. Mailing Office Address
same

Suite, Apt. #, etc.
Suite 2600

City & State
Tampa, FL

Zip
33602

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
2002

5. FEI Number
04-3543683 Verticent

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Verticent Inc.- Terrence McCarthy

Street Address (P.O. Box Number is Not Acceptable)
400 N. Ashley Dr.

Suite, Apt. #, Etc.
Suite 2600

City
Tampa

State
FL

Zip Code
33602

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: *Terrence C. McCarthy* Date 7/24/07
REGISTERED AGENT MUST SIGN

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 | Alfred. Angelone | 10 Speen St | Framingham, MA 01701 |
| T | Terrence C. McCarthy | 10 Speen Street | Framingham, MA 01701 |
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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 contained in Chapter 119, 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: *Terrence C. McCarthy* Terrence C. McCarthy 7/24/07 626-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/21/07