Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001312113)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION

Electronic Lead Management, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Electronic Lead Management, Inc.	·
	ration - must include suffix
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the susiness in Florida.
Please return all correspondence concerning this n	natter to the following:
Keith Belknap	
	ne of Person .
Biectronic Lead Management, Inc.	
	/Company
* *****	· Company
	Address
	Address
City/St	ate and Zip code
KBelknap@primedia.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ease call:
, , , , , , , , , , , , , , , , , , ,	
Name of Person at (rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
■ \$70.00 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORINA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

If mains unavai	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida
Georgia ·		27-2664986
State or country	under the law of which it is incorporated)	(FBI number, if applicable)
March 25, 2010	5.	Perpotual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
N/A		
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Plorida, if prior to registration) 502, F.S., to determine penalty liability)
585 Engineeriz	g Drive, Suite 100, Norcross, GA 30092	
	(Principal office add	ireas)
3585 Engineeri	ng Drive, Suite 100, Norcross, GA 30092	<u> </u>
	(Current mailing add	dreas)
Any and all law	ful business in which corporations lawfully ma	sy engage.
(Purpose(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)
Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	C T Corporation System	
ice Address:	1200 South Pine Island Road	
• ,	Plantation	, Plorida 33324
	(City)	(Zip code)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Marie Edwards Asst. Secretary

and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

C'T Corporation System

FILED

12. Names and business addresses of officers and/or directors:

10 JUN -7 PM 12: 15 A. DIRECTORS SECRETARY OF STATE -Chairman: SEE ATTACHMENT "A" FOR DIRECTORS Vice Chairman: ____ Address; _ Director: ___ Address: __ Director: _ Address: B. OFFICERS President: SEE ATTACHMENT "A" FOR OFFICERS Address: __ Vice President: Secretary: Address: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application) 14. Kristi Crawford, Assistant Secretary

(Typed or printed name and capacity of person signing application)

FILED

10 JUN -7 PH 12: 15

ATTACHMENT "A" Electronic Lead Management, Inc.

SECRETARY OF STATE TALLAHASSEE FLORIDA

DIRECTORS

NAME	TITLE	BUSINESS ADDRESS
Dean Nelson	Director	9 W. 57 th Street Suite 4160 New York, NY 10019
Charles J. Stubbs	Director	3585 Engineering Drive Suite 100 Norcross, GA 30092
Kim R. Payne	Director	3585 Engineering Drive Suite 100 Norcross, GA 30092

EXECUTIVE OFFICERS

NAME	TITLE	Business Address
Dean Nelson	Chairman	9 W. 57th Street Suite 4160 New York, NY 10019
Charles J. Stubbs	President and Chief Executive Officer	3585 Engineering Drive Suite 100 Norcross, GA 30092
Keith L. Belknap, Jr.	Sr. Vice President, General Counsel and Secretary	3585 Engineering Drive Suite 100 Norcross, GA 30092
Kim R. Payne.	Sr. Vice President and Chief Financial Officer	3585 Engineering Drive Suite 100 Norcross, GA 30092
William A. Mayer	Vice President and Treasurer	3585 Engineering Drive Suite 100 Norcross, GA 30092
Robert S. Jordan	Assistant Secretary	3585 Engineering Drive Suite 100 Norcross, GA 30092
Kristi O. Crawford	Assistant Secretary	3585 Engineering Drive Suite 100 Norcross, GA 30092

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Control No. 10022890

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF

EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

ELECTRONIC LEAD MANAGEMENT, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 03/25/2010 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 4th day of June, 2010

B: P.W-

Brian P. Kemp Secretary of State

Certification Number: 5964808-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp