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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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TALLAHASSEE, FLORIDA

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
AXA TECHNOLOGY SERVICES AMERICA, INC**

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

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**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.**

1. AXA TECHNOLOGY SERVICES AMERICA, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 30-0011728
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 12/20/2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 525 Washington Blvd., Jersey City, NJ 07310

(Principal office address)

same

(Current mailing address)

8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Sandra Ortega
Assistant Secretary

By: _____

(Registered agent's signature)

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.

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Vincent Godemel

Address: 525 Washington Blvd.

Jersey City, NJ 07310

Vice President: Thomas W. Rhodes

Address: 525 Washington Blvd.

Jersey City, NJ 07310

Secretary: Phil Brady

Address: 525 Washington Blvd., Jersey City, NJ 07310

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.

14. Phil Brady, Secretary

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

1	Full Name:	Dirk Marzluf
	Officer/Director:	Officer
	Officer's Title:	CEO
	Director's Title:	
	Business Address:	525 Washington Blvd.
	City:	Jersey City
	State:	NJ
	ZIP Code:	07310
2	Full Name:	Vincent Godemel
	Officer/Director:	Officer, Director
	Officer's Title:	CFO & President
	Director's Title:	Director
	Business Address:	525 Washington Blvd.
	City:	Jersey City
	State:	NJ
	ZIP Code:	07310
3	Full Name:	Thomas W. Rhodes
	Officer/Director:	Officer, Director
	Officer's Title:	Vice President
	Director's Title:	Director
	Business Address:	525 Washington Blvd.
	City:	Jersey City
	State:	NJ
	ZIP Code:	07310
4	Full Name:	Phil Brady
	Officer/Director:	Officer, Director
	Officer's Title:	Secretary
	Director's Title:	Director
	Business Address:	525 Washington Blvd.
	City:	Jersey City
	State:	NJ
	ZIP Code:	07310
5	Full Name:	Peter Hart

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TALLAHASSEE, FLORIDA

Officer/Director:

Director

Officer's Title:

Director

Director's Title:

Business Address:

525 Washington Blvd.

City:

Jersey City

State:

NJ

ZIP Code:

07310

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXA TECHNOLOGY SERVICES AMERICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

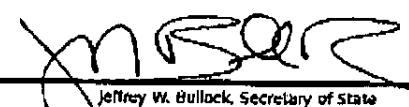
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at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9915267

DATE: 10-15-12