PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
01 APR 20 PM 3:10

DOCUMENT # P32897

chg OK SM

1. Corporation Name

~~Artemis Management Systems~~
CSC ARTEMIS INC
W01-3812

REINSTATEMENT 08-01

2. Principal Office Address	**3.** Mailing Office Address
6260 Lookout Rd	6260 Lookout Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boulder, CO	City & State: Boulder, CO
Zip: 80301 Country: USA	Zip: 80301 Country: USA

4. Date Incorporated or Qualified. To Do Business in Florida: 2-20-91

5. FEI Number: 95-4000601 ☐ 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

900004212579--0
-05/11/01--01108--018
****150.00 ****150.00

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd

900004212579--0
-05/11/01--01108--017
***1050.00 ***1050.00

Suite, Apt. #, Etc.

City: Plantation, FL 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: Christine Noakes Date: 3/5/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PD	Steven C. Yager	6260 Lookout Rd	Boulder, Co 80301
D	Pekka Pere	Maapallonkuja 1A	Espoo, Finland 02210
S	Michael Hirano	6260 Lookout Rd	Boulder, Co 80301
C	Olof Odman	Neglinge Center SE-133	Saltsjobaden, Sweden
D	Pekka Makela	Maapallonkuja 1A	Espoo, Finland 02210
D	Alec Gores	10877 Wilshire Blvd #1805	Los Angeles, CA 90024

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.

AD

SIGNATURE: Scott Grundstrom 2-8-01 303.531-3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TITLES	NAME	ADDRESS	CITY/STATE/ZIP
D	KLAUS CAWEN	P'L 8 MUNKKINIEMEN PUISTOTIE 25	HELSINKI, FINLAND 00331
AS	SCOTT GRUNDSTROM	6260 LOOKOUT Rd	BOULDER, CO 80301