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| (Re | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (City | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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| | | |

Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|---|--------------------------------------|---|
| SUBJECT: EthicsPoint, Inc. | | |
| | oration - must include su | offix) |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida. | | |
| Please return all correspondence concerning this m | atter to the following: | |
| Amanda Mayhew | | |
| (Nan | ne of Person) | |
| EthicsPoint, Inc. | | |
| (Firm | n/Company) | |
| 13221 SW 68th Parkway, Suite 12 | 20 | |
| · | Address) | ST - 1 |
| Portland, OR 97223 | | |
| (City/S | tate and Zip code) | 5. 35 5. 35 |
| For further information concerning this matter, plea | ase call: | |
| Amanda Mayhew at (97 | 71 ₎ 250-4100 | |
| (Name of Person) (A | rea Code & Daytime To | elephone Number) |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | New Fili Division P.O. Box | NG ADDRESS: ng Section of Corporations 6327 see, FL 32314 |
| Enclosed is a check for the following amount: | | |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee Certified Copy | & \$87.50 Filing Fee, Certificate of Status & Certified Copy |

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. | EthicsPoint, Inc. | | | | | |
|-----|---|------|---|------------|--------------|-------------|
| | (Enter name of corporation; must include "INCORPORAT" "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") | ED |)," "COMPANY," "CORPORATION | 1," | | |
| | | | | | | |
| | (If name unavailable in Florida, enter alternate corporate na | ıme | e adopted for the purpose of transacting | g business | in Flor | ida) |
| 2. | Washington | 3. | | | | |
| | (State or country under the law of which it is incorporated) | | (FEI number, if appl | icable) | | |
| 4. | 1999 | 5. | Perpetual | | | |
| ••• | (Date of incorporation) | | (Duration: Year corp. will cease to | exist or " | perpetua | al") |
| 6. | March 24, 2003 | | , | | | |
| 0. | (Date first transacted busine | | in Florida, if prior to registration) 502, F.S., to determine penalty liability | ty) | | |
| 7. | 13221 SW 68th Parkway, Suite 120, | Ρ | ortland, OR 97223 | 20 | 190 <u>1</u> | |
| • | (Principal office | ado | dress) | | <u></u> | - 1-1 |
| | 13221 SW 68th Parkway, Suite 120, | P | ortland, OR 97223 | 55 | 22 | |
| | (Current mailing | ado | dress) | (P) - (| ٥ | |
| 8. | Online governance, risk, and compli | ar | nce reporting | | ů O | ر در ارس |
| | (Purpose(s) of corporation authorized in home state of | or c | ountry to be carried out in state of Flo | rida) 🚎 📜 | W G | |
| 9. | Name and street address of Florida registered agent: (| (P.C | O. Box NOT acceptable) | | | |
| | Name: CT Corporation System | | | | | |
| 0 | office Address: 1200 South Pine Island F | ₹o | pad | | | |
| | 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.

(Registered agent's signature)
By: Kathleen C. Gariepy, Asst Secy

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.

| 12. Names and business addresses of officers and/or directors: | | | | | |
|--|--|--|--|--|--|
| A. DIRECTORS | | | | | |
| Chairman: General Merrill A. McPeak | | | | | |
| Address: 13221 SW 68th Parkway, Suite 120, Portland, OR 97223 | | | | | |
| On the second se | | | | | |
| Vice Chairman: Peter S. Christie | | | | | |
| Address: 13221 SW 68th Parkway, Suite 120, Portland, OR 97223 | | | | | |
| | | | | | |
| Director: David Childers | | | | | |
| Address: 13221 SW 68th Parkway, Suite 120, Portland, OR 97223 | | | | | |
| | | | | | |
| Director: Carl Liggio | | | | | |
| Address: 13221 SW 68th Parkway, Suite 120, Portland, OR 97223 | | | | | |
| Address. | | | | | |
| | | | | | |
| B. OFFICERS David Childers | | | | | |
| President: David Childers | | | | | |
| Address: 13221 SW 68th Parkway, Suite 120, Portland, OR 97223 | | | | | |
| | | | | | |
| Vice President: John Hall | | | | | |
| Address: 13221 SW 68th Parkway, Suite 120, Portland, OR 97223 | | | | | |
| | | | | | |
| Secretary: Amanda Mayhew | | | | | |
| Address: 13221 SW 68th Parkway, Suite 120, Portland, OR 97223 | | | | | |
| Treasurer: | | | | | |
| Address: | | | | | |
| | | | | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | | | | | |
| 13. (Signature of Director of Officer listed in number 12 of the application) | | | | | |
| Amanda Mayhew, General Counsel and Corporate Secretary | | | | | |
| (Typed or printed name and capacity of person signing application) | | | | | |



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF .

ETHICSPOINT, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit—Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 9/29/2000.

I FURTHER CERTIFY that as of the date of this certificate, ETHICSPOINT, INC. remains active and has complied with the filing requirements of this office.

Date: December 22, 2006

UBI: 602-069-405

STATE OF WASHINGTON 1889 NO.

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

ALC: CA

Sam Reed, Secretary of State