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CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

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Corporation(s) Name							
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Name Availability: Document Examiner: Updater: Verifier: Acknowledgement:	FAMININI OF STATE SION OF CORPORATIONS LAHASSEE, FLORIDA T LAHASSEE, FLORIDA	lease Return Extra Copies File Stamped o: Melanie Strickland					
W.P. Verifier:	RECEIVED PR 3: 24	Inank You!					
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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.	Lochard Corporation
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
	or partnership if not so contained in the name at present.)
2.	Delaware 3. 68-0296301
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	February 24, 1993 5. Perpetual
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
s	Upon Qualification
Ο.	Upon Qualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7	i v
1.	39 Pleasant Street, 2nd Floor, Stoneham, Massachusetts 02180
	(Current mailing address)
8.	Computer software systems maintenance
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state or
	Florida)
9	Name and street address of Florida registered agent:
	Name: C T Corporation System
	c/o C T Corporation System, 1200 South Pine Office Address: Island Road
	Plantation , Florida, 33324 (7 Code)
	(Zip Code)
1	0. Registered agent acceptance:
Ü	lowing been named as registered agent and to accept service of process for the above stated corporation at the place
d	esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
fi	inther 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 obligation of my position as registered agent.

(FL - 2189 - 11/16/94)

C T Corporation System

(Registered agent's signature) (Officer)
Assistant Vice President

(Type Name and Title of Officer)

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 addresses of officers and/or directors:

A. DIRECTORS

Chairman:

Martin Adams

Address: 39 Pleasant Street, 2nd Floor

Stoneham, Massachusetts 02180

Vice Chairman:

Vice Chairman:

Director: Silvio Salom

Address: 39 Pleasant Street, 2nd Floor
Stoneham, Massachusetts 02180

Director: Michael Rikard-Bell

Address: 39 Pleasant Street, 2nd Floor
Stoneham, Massachusetts 02180

Stoneham, Massachusetts 02180

B. OFFICERS

Address:

Address: 39 Pleasant Street, 2nd Floor
Stoneham, Massachusetts 02180

Vice President:
Address:

Secretary: Michael Rikard-Bell

Address: 39 Pleasant Street, 2nd Floor

	Treasurer:					·
	Address:					
				· · · · · · · · · · · · · · · · · · ·		-
NOTE: If r	necessary, you may atta otors.	ach an à	ddendum to t	the application	on listing add	ditional officers
13.	Hali he	<u>ــــ</u>				\$b.
(Signati	ire of Chairman, Vice C				ï	3
4.4	MAKIN ADAM	<u>ر</u> ک	PRESIDEN	T		7 0
14	or printed name and car	pacity of	person signi	ng applicatio	n)	
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Office of the Secretary of State

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.

Edward J. Freel, Secretary of State

AUTHENTICATION:

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ATE 04-12-00