

TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: \_UTILITY.COM, INC. (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: **Charlotte Lacey** (Name of Person) Law Office of Lance J.M. Steinhart (Firm/Company) Ste. 285 6455 East Johns Crossing (Address) Duluth GΑ 30097 (City/State/Zip) \*\*\*\*\*70.00 Should you need to call someone concerning this matter, please call: **Charlotte Lacey** 

#### **COURIER ADDRESS:**

(Name of Person)

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

(Area Code & Daytime Telephone Number)

### 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.   | UTILITY.COM, INC.  |   |   |  |  |
|--|--|---|---|--|--|
| ָ<br>י<br>נ  | (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   | 95-4712132  |   |  |  |
| 2. (   | (State or country under the law of which it is incorporated)   | (FEI nu   | mber, if applicable   | )                                      |  |
| 4.   | 5/19/99  | - Perpetual   | _   |  |  |
|  | (Date of Incorporation)  | (Duration: Year corp. v<br>"perpetual")   | will cease to exist o   | <del></del> ÷ .                        |  |
| 6  | upon qualification   | _   |   |  |  |
| _  | (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)   |   |   |  |  |
| 7.   | 7. 828 San Pabio Ave., Albany, CA 94706  |   |   |  |  |
|  |  | <u> </u>  |   |  |  |
| _  |  |   | 70  | 0                                      |  |
|  | (Current mailing address)  |   |   |  |  |
| 8.   | Provide Telecommunication Services   |   |   |  |  |
| 8. Provide Telecommunication Services  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) |  |   |   |  |  |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT:  |  |   |   |  |  |
|  | Name: TCS Corporate Services, Inc.   |   |   | 6                                      |  |
|  | Office Address: 1406 Hays Street   | Ste. #2   |   |  |  |
|  | Tallahassee  |   | 32301   |  |  |
| 10.  | Registered agent's acceptance:   | ,   | (Zip Code)  | »                                      |  |
| all si   | ing been named as registered agent and to accept oration at the place designated in this applicate the tered agent and agree to act in this capacity. I furtatutes relative to the proper and complete performaccept the obligations of my position as registered accept the obligations of my position as registered agent's significant to the control of the | ther agree to comply nance of my duties of my duties of my duties of my duties of the comply of the complex of | s for the above of the appointmy with the provisional I am familion | stated<br>ent as<br>ions of<br>ir with |  |
| 11. d  | Attached is a certificate of existence duly authenticarelivery of this application to the Department of State of the State | #//   | days prior to<br>f State or other<br>w of which it is               |  |  |

incorporated.

 Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) See attached A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: \_\_ Address: \_ Vice Chairman: Address: \_ Director: \_ Address: Director: \_ Address: \_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: See attached Address: Vice President: Address: \_ Secretary: \_\_ Address: \_\_ Treasurer: Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Benjamin T. Reyes, II Secretary (Typed or printed name and capacity of person signing application)

# LIST OF OFFICERS & DIRECTORS FOR UTILITY.COM, INC.

#### **Officers**

Chris King

Chief Executive Officer

Paul Falchi

President & Chief Operating Officer

Tim Morris

Chief Financial Officer

Benjamin T. Reyes, II

General Counsel & Secretary

Mike Anderson

Chief Technology Officer

#### **Directors**

Chris King Howard Lee Morgan, Chairman Todd Springer Lawrence E. Phillips, III Joel Hyatt

All the above listed Officers & Directors can be reached at the following address: 828 San Pablo Avenue, Albany, CA 94706.

## State of Delaware

## Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UTILITY.COM, 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 ELEVENTH DAY OF JULY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UTILITY.COM, INC." WAS INCORPORATED ON THE SECOND DAY OF NOVEMBER, A.D. 1998.

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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Edward J. Freel, Secretary of State

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AUTHENTICATION:

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DATE:

07-11-00