PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	t	PLEASE READ A	YLL IMOTI	<u>ZÚC III</u>	ONS D	EFORE C		10 11	8.0	1. L.J.	
	PORATI			ecretary	MENT C of State	1		06	APR 20	ED o AM 9:	54
DOCUMENT # FOOOOOO 4614								14		(on the second
U.S. Robotics Corporation							000072138380 04/26/0601022013 **1200.00 *				
2. Principal Office Address 360 N. Crescent Dr. 3. Mailing Of 360 N				office Address N. Crescent Dr.			REMSTATEMENT 01.06				
South Building South				n Building			4. Date Incorporated or Qualified/10/00 To Do Business in Florida 8/10/00				
Beverly Hills, CA			Bever	ly Hi	lls, C	A	5. 54-3362008				Applied For
^z 9021	0	D USA 3021		O ŰŚA		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
			7. N	ame and A	ddress of C	Current Registe	red Agent				
	ზეზ CT Corporation System										
											<u>. </u>
	120050uth Pine island Road									.	
	Suite, Apt.	#, Etc.									
	Plantation							State 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 Agent ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN											
9. Names	and Street A	ddresses of Each Officer and	Vor Director (Fig	rida nonpro	ofit corporation	ons must list at l	east 3 directors)				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip				
President	Joseph J. Hartnett			935 National Parkway				Schaumburg, IL 60173			
Dir, VP & Secy	Eva M. Kalawski			360 N Crescent Dr, South Bldg				Beverly Hills, CA 90210			
VP & Treasurer	Robert J. Joubran			360 N Crescent Dr, South Bld				Beverly Hills, CA 90210			
Asst Secy	Sally A. Ward			360 N Crescent Dr, South			outh Bldg	Beverly Hills, CA 90210			
Asst Treasurer	Dawn Walloch			360 N Crescent Dr, Sou			South Bldg	buth Bldg Beverly Hills, CA 90210			
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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 filling 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 contained in Chapter 119, 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. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											

P. Adleshalt