F00000004668

C T CORPORATION SYSTEM		
equestor's Name 660 East Jefferson Street	-	
	350)222-1092	1000033598011 -08/16/0001065020 *****70.00 *****70.00
City State Zip	Phone	
CORPORATION	I(S) NAME	
	la Carbina	
Avistar Sy	stems Corporation	
		7
		8
() Profit	() Amendment	() Merger
() Limited Liability Company () Foreign	() Dissolution/Withdrawal	() Mark
Yunly icat	M	() Other 3
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Change 可用AS 元
() Certified Copy	() Photo Copies	() CUS AN G C
() Call When Ready () Walk In () Mail Out	() Call if Problem () Will Wait	() Fictitious Name () CUS AND COMMON
Name Avallability Document	PLEASI	E RETURN EXTRA COPY(S) FILE STAMPED
Examiner		THANKS
Updater		LAURA EARNEST
Verifler -	~	
Acknowledgment		MX 8 16
1	•	* //\C. /)\\\\

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Avistar System	ns Corporation pration; must include the word "INCORPORTED INCORPORTED INCORPO	ODATEDY "COMPANY" "CODE	OD ATTONIE	,
words or abbre	viation; must include the word in CORPA viations of like import in language as will or partnership if not so contained in the ne	l clearly indicate that it is a corporat	ORATION" or ion instead of a	2 C.S.
Delaware		3. <u>88-0383089</u>	· ·	
State or country	y under the law of which it is incorporated	d) (FEI number	r, if applicable)	
03/27/2000	5	Perpetual		
(Da	te of incorporation)	(Duration: Year corp. will cease	to exist or "perpetual")	
Upon Qual				
(Date firs	t transacted business in Florida.) (SEE SI	ECTIONS 607.1501, 607.1502 and	817.155, F.S.)	
555 Twin Dol	phin Drive, Suite 360, Redwood Shores,	CA 94065		
=	(Current mailing	g address)	· · · · · · · · · · · · · · · · · · ·	
S .	_			
Sof	ftware Development			-
Sof	ftware Development (s) of corporation authorized in home stat	e or country to be carried out in sta	re of Florida)	÷
(Purpose	·	·	·	=
(Purpose	(s) of corporation authorized in home stat	·	·	5
(Purpose Name and str Name:	(s) of corporation authorized in home state eet address of Florida registered a	·	·	
(Purpose Name and str Name:	(s) of corporation authorized in home state eet address of Florida registered as C T Corporation System 1200 South Pine Island Road	gent: (P.O. Box or Mail Drop F	·	
(Purpose Name and str Name:	(s) of corporation authorized in home state reet address of Florida registered as C T Corporation System	gent: (P.O. Box or Mail Drop F	·	
(Purpose Name and str Name:	(s) of corporation authorized in home state eet address of Florida registered as C T Corporation System 1200 South Pine Island Road	gent: (P.O. Box or Mail Drop F	·	-
(Purpose Name and str Name: fice Address:	(s) of corporation authorized in home state eet address of Florida registered as C T Corporation System 1200 South Pine Island Road	gent: (P.O. Box or Mail Drop F	·	
(Purpose Name and str Name: Strice Address: Registered: aving been namis application, I	(s) of corporation authorized in home state reet address of Florida registered as C T Corporation System 1200 South Pine Island Road Plantation agent's acceptance: ed as registered agent and to accept serve the proper and the statutes relative to the proper and the many position as registered agent. C T Corporation as registered agent. C T Corporation as registered agent.	gent: (P.O. Box or Mail Drop F , Florida, 33324 (Zip code) ice of process for the above stated ered agent and agree to act in this decomplete performance of my duti	Sox <u>NOT</u> acceptable) corporation at the place designacapacity. I further agree to con	nply accep

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: (Street address ONLY - P.O. Box NOT acceptable) FL019 - CT Filling Manager Online

A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)
Chairman:	SEE ATTACHMENT
Address	· · · · · · · · · · · · · · · · · · ·
Vice Chain	man:
Address: _	
	2 0
Director: _	
Address: _	<u> </u>
<u>-</u>	
Director: _	
Address: _	
	SEE ATTACHMENT
Vice Presid	lent:
Secretary:	
Address: _	
– Treasurer:	
Address: _	
	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	MICHAEL G. BARSOTT, CFO (Typed or printed name and capacity of person signing application)

AVISTAR SYSTEMS CORPORATION OFFICERS

Gerald J. Burnett

President & CEO

555 Twin Dolphin Drive, #360

Redwood Shores, CA 94065

Michael G. Barsotti

CFO & Secretary

555 Twin Dolphin Drive, #360

Redwood Shores, CA 94065

AVISTAR SYSTEMS CORPORATION DIRECTORS

Gerald J. Burnett 555 Twin Dolphin Drive, #360

Redwood Shores, CA 94065

William Campbell 555 Twin Dolphin Drive, #360

Redwood Shores, CA 94065

R. Stephen Heinrichs 555 Twin Dolphin Drive, #360

Redwood Shores, CA 94065

James P. Hughes 555 Twin Dolphin Drive, #360

Redwood Shores, CA 94065

State of Delaware Office of the Secretary of State

DAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AVISTAR SYSTEMS CORPORATION" 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 FIFTEENTH DAY OF
AUGUST, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES OF THE PROPERTY OF TH

E on Mig 16 PM 1: 34

Edward J. Freel, Secretary of State

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AUTHENTICATION:

0619465

001411731

DATE: 08-15-00