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Document Number Only

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

DATE: 10 / 13

800003424328-19

-10/13/00--01042--019

*****70.00 *****70.00

Corporation(s) Name

Thomson Direct, Inc

☐ Profit ☐ Amendment ☐ Merger
☐ Nonprofit
☐ Foreign ☐ Dissolution ☐ Mark
☒ LLC ☐ Withdrawal
☐ Limited Partnership ☐ UBR ☐ Other
☐ Reinstatement ☐ Fictitious Name ☐ Ch. RA
☐ UCC ☐ 1 or ☐ 3

***Special Instructions**

☐ Certified Copy ☐ Photocopies ☐ CUS
☐ Arts/ameds/mergers ☐ Other-See Above

☒ Walk in ☒ Pick-up ☐ Will Wait

Please Return Filed Stamped
Copies To:

Jeffrey Butterfield

Thank You!

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Thomson Direct, 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

(Name of Person)

at (_____) _____

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
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

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

FILED
OCT 13 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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*

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OCT 9 3 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Thomson Direct, Inc.

(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

(State or country under the law of which it is incorporated)

3. 352082873

(FEI number, if applicable)

4. 06/22/1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 10330 North Meridian, Indianapolis, IN 46290

(Current mailing address)

See Attachment

8. _____

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(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.

By: _____

(Registered agent's signature)

Jeffrey R. Graves

Assistant Secretary

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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) SEE ATTACHMENT

Chairman: Michael D. O'Hara

Address: 10330 North Meridian Street
Indianapolis, IN 46290

Vice Chairman: _____

Address: _____

Director: Donna Brown

Address: 10330 North Meridian Street
Indianapolis, IN 46290

Director: Wray C. Hiser

Address: 10330 North Meridian Street
Indianapolis, IN 46290

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OCT 18 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Greg Bosler

Address: 10330 North Meridian Street
Indianapolis, IN 46290

Vice President: Donna Brown

Address: 10330 North Meridian Street
Indianapolis, IN 46290

Secretary: Wray C. Hiser

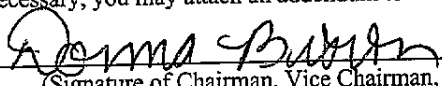
Address: 10330 North Meridian Street
Indianapolis, IN 46290

Treasurer: Wayne Borrowman

Address: 10330 North Meridian
Indianapolis, IN 46290

SEE ATTACHMENT

NOTE: If 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. Donna Brown, Vice President
(Typed or printed name and capacity of person signing application)

Attachment to Florida
Application By Foreign Corporation for Authorization to Transact Business In Florida

Purpose Clause

The purpose for which the Corporation is organized is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware.

Officers & Directors

- | | | |
|----|-------------------|-----------------------------|
| 1. | Full Name: | Donna Brown |
| | Officer/Director: | Officer, Director |
| | Director's Title: | Other Director |
| | Business Address: | 10330 North Meridian Street |
| | City: | Indianapolis |
| | State: | IN |
| | ZIP Code: | 46290 |
| 2. | Full Name: | Wayne Borrowman |
| | Officer/Director: | Officer |
| | Business Address: | 10330 North Meridian |
| | City: | Indianapolis |
| | State: | IN |
| | ZIP Code: | 46290 |
| 3. | Full Name: | Susan Kessler |
| | Officer/Director: | Officer |
| | Business Address: | 10330 North Meridian Street |
| | City: | Indianapolis |
| | State: | IN |
| | ZIP Code: | 46290 |
| 4. | Full Name: | Wray C. Hiser |
| | Officer/Director: | Officer, Director |
| | Director's Title: | Other Director |
| | Business Address: | 10330 North Meridian Street |
| | City: | Indianapolis |
| | State: | IN |
| | ZIP Code: | 46290 |
| 5. | Full Name: | Greg Bosler |
| | Officer/Director: | Officer |
| | Business Address: | 10330 North Meridian Street |
| | City: | Indianapolis |
| | State: | IN |
| | ZIP Code: | 46290 |
| 6. | Full Name: | Michael D. O'Hara |
| | Officer/Director: | Director |
| | Director's Title: | Chairman |
| | Business Address: | 10330 North Meridian Street |
| | City: | Indianapolis |
| | State: | IN |
| | ZIP Code: | 46290 |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THOMSON DIRECT, 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 TENTH DAY OF OCTOBER A.D. 2000.

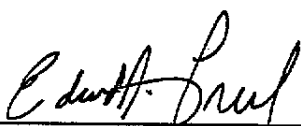
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3060002 8300

001509957



Edward J. Freel, Secretary of State

AUTHENTICATION: 0725148

DATE: 10-10-00

FILED
OCT 13 2000
1:31 PM
RECEIVED
SECRETARY OF STATE
DELAWARE